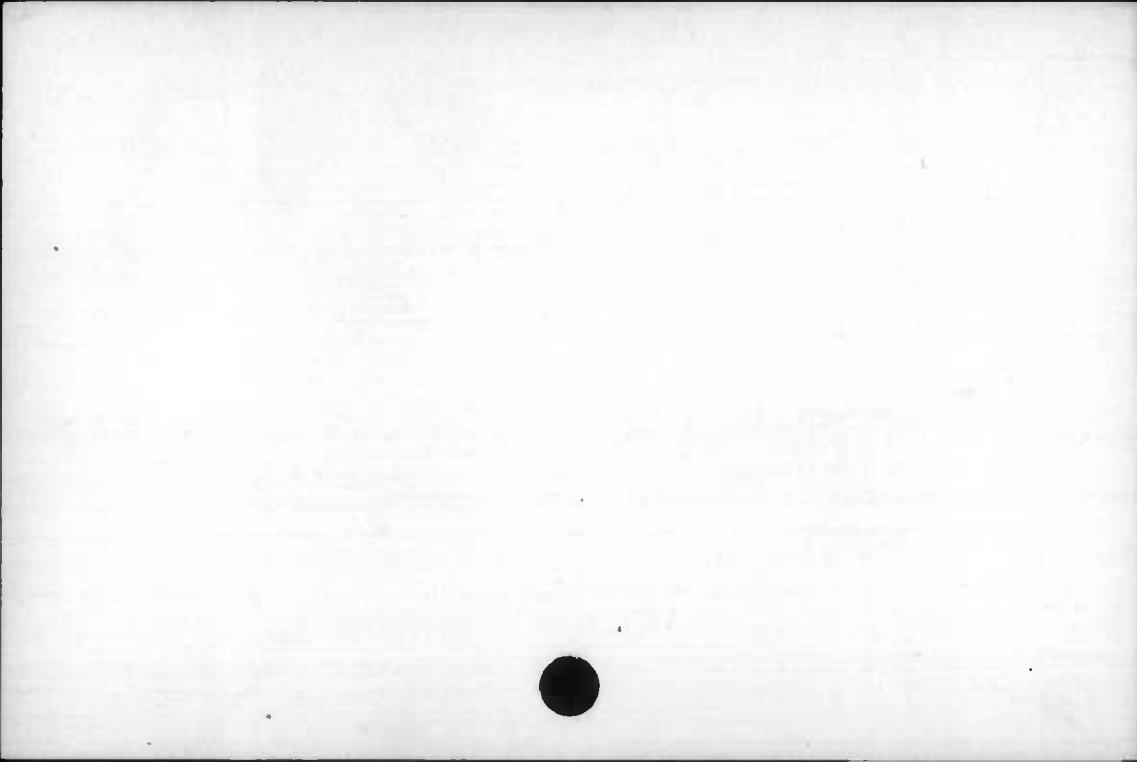


Name in Full <b>Charles Anderson</b>		CERTIFICATE OF DEATH	
Died at <b>St James School Wash.</b>		TOWN COUNTY	
Date of death <b>1907</b>		Month <b>Feb</b> Day <b>22</b> Age <b>54</b> Years Months <b>9</b> Days	
Sex <b>male</b>		Color or Race <b>white</b>	
Occupation <b>Farmer</b>		Birth-place <b>md.</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband	
Father's Name <b>William Anderson</b>		Father's Birthplace <b>md.</b>	
Mother's Maiden Name <b>Mary E. Sterrett</b>		Mother's Birthplace <b>md</b>	
Name of person giving information <b>Daniel Strite</b>		How related to deceased <b>Step Nephew</b>	
CAUSES OF DEATH <b>64</b>			
Primary <b>Cerebral Apoplexy</b>		How long <b>Immediate</b>	
Immediate <b>Vital Failure</b>		How long <b>18 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>B. M. Reichard</b>	
		Address <b>Fairplay.</b>	
<del>Accident or Suicide?</del>			



Name  
in  
Full

Roy Melton

Aucherman

## CERTIFICATE OF DEATH

Jan 19 1906

Died at <sup>Town</sup> *Weneston*<sup>County</sup> *Wachin*

MARYLAND

Date

of death 1906

Month

*Feb*

Day

*15*

Age

Years

*—*

Months

*—*

Days

*27*

Sex

*Male*Color or  
Race*White*Birth-  
place*Weneston*

Occupation

*none*Where Residing if not  
at place of death*at Home*Married, Single  
or Widowed*—*Name of Wife or  
Husband*—*Father's  
Name*Thomas Edwards*Father's  
Birthplace*Wachin Co*Mother's  
Maiden Name*Lydia Aucherman*Mother's  
Birthplace*Wachin Co*Name of person giving  
In formation*Lydia Aucherman*How related  
to deceased*Mother*

## CAUSES OF DEATH

*151*

Primary

*Marasmus*

How long

*2 weeks*

Immediate

*Inanition*

How long

*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*A. L. Blessing*

Address

*Brownsville**md.*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margarett Barnhart</i>		Town <i>Camp Spring</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Camp Spring</i>		Month <i>2</i>		Day <i>8</i>		Age <i>79</i>	
Date of death <i>1909</i>		Year <i>2</i>		Months <i>3</i>		Days <i>3</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>house wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>George Barnhart</i>					
Father's Name <i>Wm Rummel</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Catherine Springer</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving Information <i>George Barnhart</i>		How related to deceased <i>husband</i>					

*Married 61 yrs*

## CAUSES OF DEATH

*(91)*PHYSICIAN  
OR CORONER

Primary <i>Chronic bronchitis</i>	How long <i>Three years</i>
Immediate <i>Heart failure</i>	How long <i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Cleary Spring Washington County</i>



Name  
in  
Full

Susan Bear

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hagerstown* <sup>County</sup> *Washington* **MARYLAND**

Date of death *1909* <sup>Month</sup> *2* <sup>Day</sup> *19* <sup>Years</sup> *72* <sup>Months</sup> *2* <sup>Days</sup> *7*

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *None* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Single* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Martin Bear* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Stahl* Mother's Birthplace *Md*

Name of person giving Information *Annie Bear* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

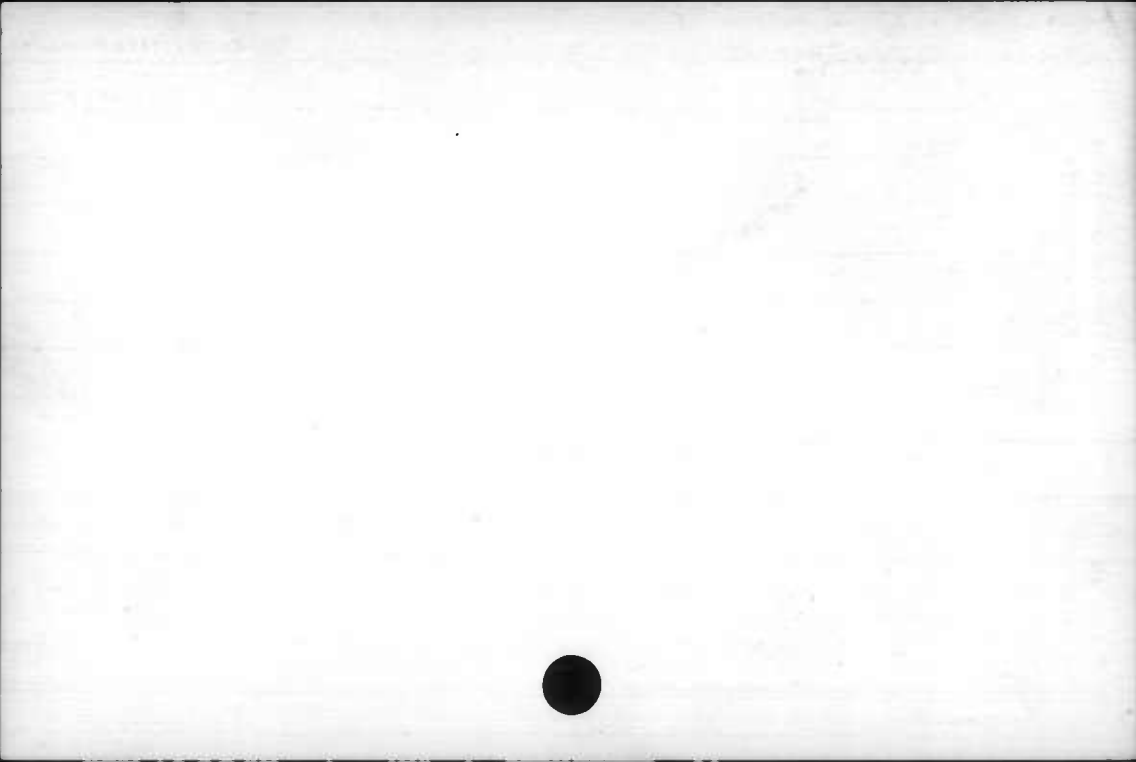
Primary *Apoplexy* <sup>How long</sup> *2 weeks*

Immediate *Exhaustion* <sup>How long</sup> *few hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. P. Stauffer*

*J* Address *Hagerstown Md*

Accident or Suicide





Name  
in  
Full

Ann Elizabeth Besore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Smithsburg* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *2* <sup>Day</sup> *20* <sup>Years</sup> *90* <sup>Months</sup> *2* <sup>Days</sup> *20*

Sex *Female* Color or Race *White* Birth-place *Smithsburg*

Occupation *House Wife* Where Residing if not at place of death *Smithsburg*

Married, ~~Single~~ *Married* Name of Wife or Husband *Jeremiah Besore*

Father's Name *Adam Shank* Father's Birthplace *Smithsburg*

Mother's Maiden Name *Barbara Magley* Mother's Birthplace *Smithsburg*

Name of person giving Information *Les B. Besore* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General Debility* <sup>How long</sup> *6 Months*

Immediate *Heart Trouble* <sup>How long</sup> *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. M. S. Kefauver*

Address *Smithsburg Maryland*

Accident or Suicide ☒

154



Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Marguerite Elizabeth Boward*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 190 *9* Month *2* Day *28* Age *71* Years Months *8* Days *16*

Sex *Female* Color or Race *White* Birth-place *Id*

Occupation *Housewife* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *John W Boward*

Father's Name *Thomas McKane* Father's Birthplace *Id*

Mother's Maiden Name *Sarah McKane* Mother's Birthplace *Id*

Name of person giving Information *Harvey M. Boward* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Mitral stenosis, Fibro Myocarditis* How long *79* years

Immediate *Acute Congestive dilatation* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]* Address *Hagerstown, Md*

Accident or Suicide *No*

23



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Boonsboro</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>5<sup>th</sup></i>	Age <i>77</i> Years	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Widowed</i>	Name of <del>Wife</del> Husband <i>Samuel Burger</i>				
Father's Name <i>Joseph West</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Susan Spickman</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Harry Burger</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

**64**

How long

*18 hours*

How long

PHYSICIAN  
OR CORONER

Primary

*Apoplexy*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*W. C. Wheeler M. D.*

Address

*Boonsboro*

Accident or Suicide?

*\_\_\_\_\_**Maryland*



Name  
in  
Full

## CERTIFICATE OF DEATH

Anna Josephine Cooper

Town

County

MARYLAND

Died at

Hagerstown

Wash.

Date

of death

1909

Month

2

Day

11

Age

Years

Months

4

Days

9

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Coxley Cooper

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Carrie Bell Ashby

Mother's  
Birthplace

Va.

Name of person giving  
Information

Coxley Cooper

How related  
to deceased

father.

## CAUSES OF DEATH

Primary

Bronchitis

How long

24

Immediate

Bronchitis, Pneumonia

How long

48

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

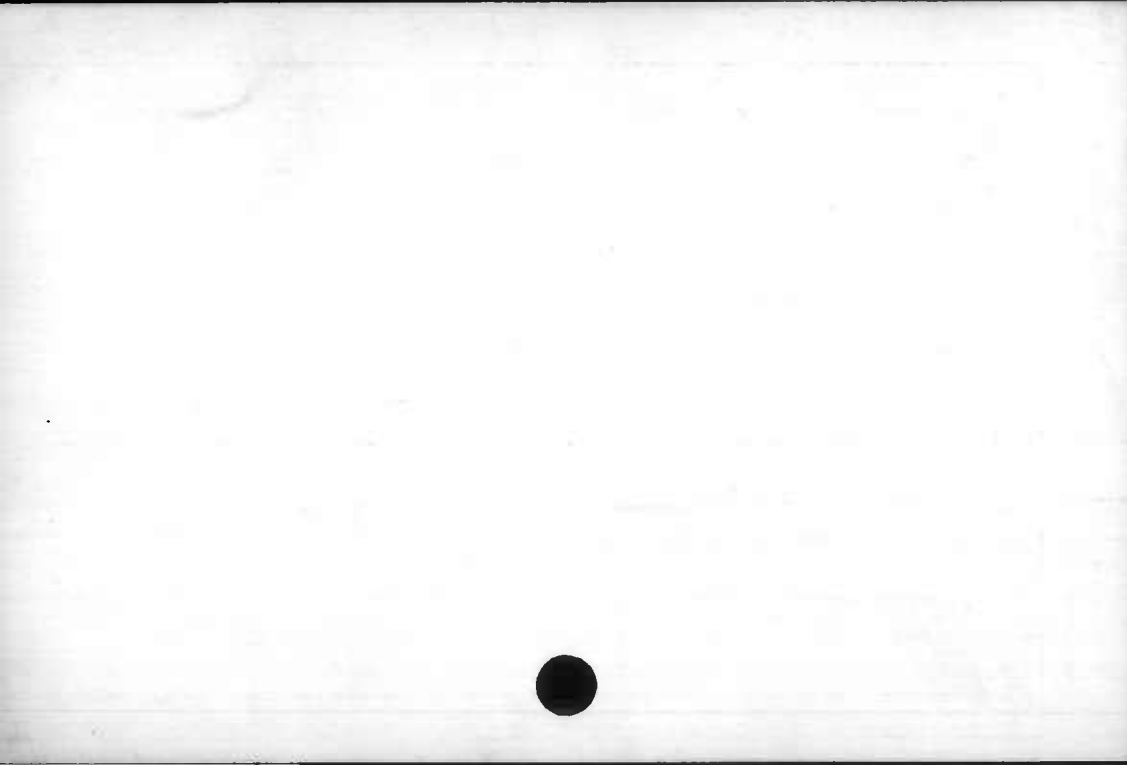
J. H. Hensley

Address

Hagerstown  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Elizabeth R. Deardorf.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	8	69		7	1
Sex	Female	Color or Race	White		Birth-place	Maryland.	
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name		David Boney				Father's Birthplace	
Mother's Maiden Name		Katherine Mangano				Mother's Birthplace	
Name of person giving information		Katherine Deardorf.				How related to deceased	
						Daughter.	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Phenomenon	How long	6 weeks
Immediate	Apoplexy	How long	Under
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ad. Haupp
Yes		Address	Hagerstown, Md.
Accident or Suicide?			

Coffman

Broadfording

Name  
in Full

Mary Helen Dutrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Penevola		County Washington		MARYLAND	
Date of death		Month 9	Day 15	Age	Years —	Months —	Days 4
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John L. Dutrow			Father's Birthplace		Maryland	
Mother's Maiden Name	Ellen Bessard			Mother's Birthplace		Maryland	
Name of person giving Information	John L. Dutrow			How related to deceased		Father	

CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	Idiocy		How long	2 days.
Immediate	Exhaustion.		How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	
Accident or Suicide		No	Address	
			J. Hubert Wade, M.D., Broomboro, Md.	



Name in Full		Unmarried Child Elwood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Long Meadows	County Washington		MARYLAND	
	Date of death		1908	Month 2	Day 13	Age -	Years -
	Sex		Male		Color or Race	White	
	Occupation		-		Birth-place	Md	
	Where Residing if not at place of death		-		-		
	Married, Single or Widowed		-		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Robert Elwood		Father's Birthplace		W Va
	Mother's Maiden Name		Mollie Wynnick		Mother's Birthplace		Pa
	Name of person giving information		Robert Elwood		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Immature Birth		How long		8 months
	Immediate		-		How long		-
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Victor Miller Jr.
	Accident or Suicide?		no -		Address		Hy. Ma

Coffman

Broadforking

Name  
in  
Full

Dollie Flory

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington **MARYLAND**

Date of death 1909 <sup>Month</sup> 2 <sup>Day</sup> 21 <sup>Years</sup> Age 25 <sup>Months</sup> 6 <sup>Days</sup> 9

Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Md

Occupation Housewife <sup>Where Residing if not at place of death</sup> Baltimore Md

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Harry W. Flory

Father's Name Jacob Cross <sup>Father's Birthplace</sup> Md

Mother's Maiden Name Mary Good <sup>Mother's Birthplace</sup> Va

Name of person giving Information Mary Wright <sup>How related to deceased</sup> Mother

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary Placenta Previa <sup>How long</sup> 7 months

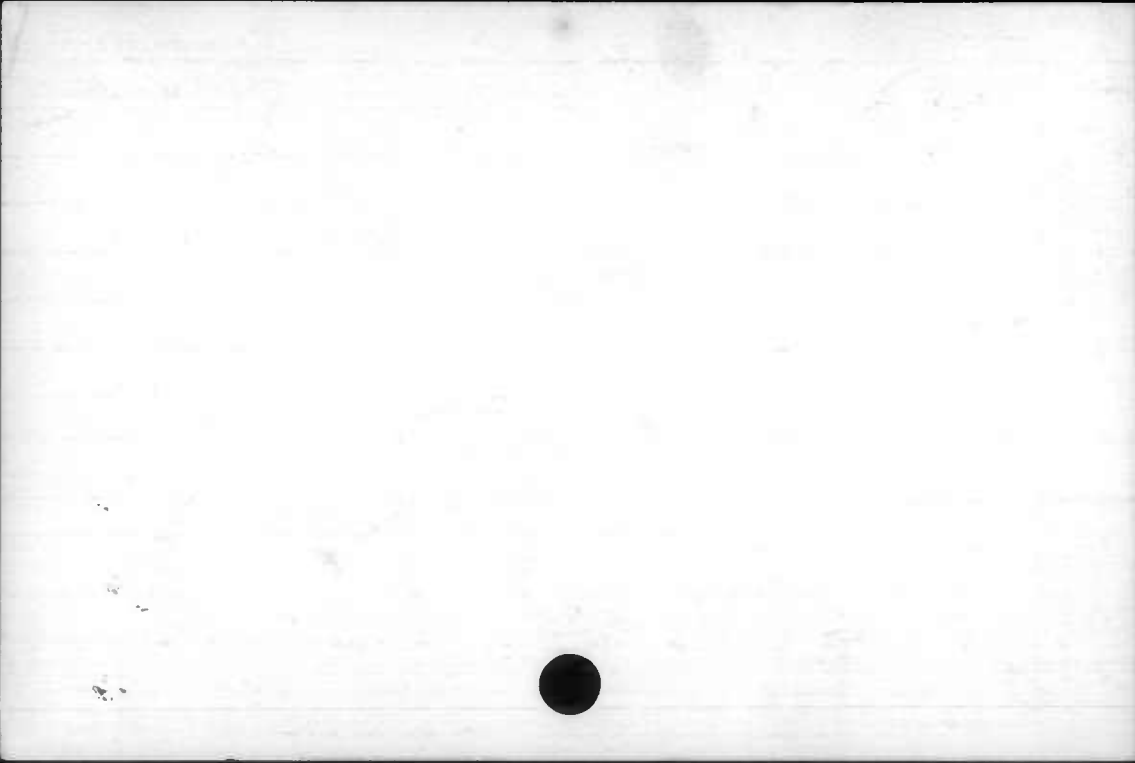
Immediate Hemorrhage <sup>How long</sup> 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. P. Haupper

Address Hagerstown, Md

Accident or Suicide





Name  
in  
Full

Elizabeth F. Flossy  
Town Washington County

CERTIFICATE OF DEATH

Died at Hagerstown Washington MARYLAND  
Date of death 1909 21 18 Age 74 3 16  
Sex Female Color or Race White Birth-place Md  
Occupation H. P. Where Residing if not at place of death

~~Married~~, Single  
or Widowed

Name of Wife or Husband

Father's Name

John Flossy

Father's Birthplace

Unknown

Mother's Maiden Name

Catherine Unknown

Mother's Birthplace

Unknown

Name of person giving Information

Elva Rudisill

How related to deceased

Friend

CAUSES OF DEATH

Primary

Cardiac Asthma

How long

79 yrs

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. E. Pittsogle M.D. & H.O.  
Hagerstown Md

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Coffman  
Hagerstown,

Name  
in  
Full

Lillian May Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

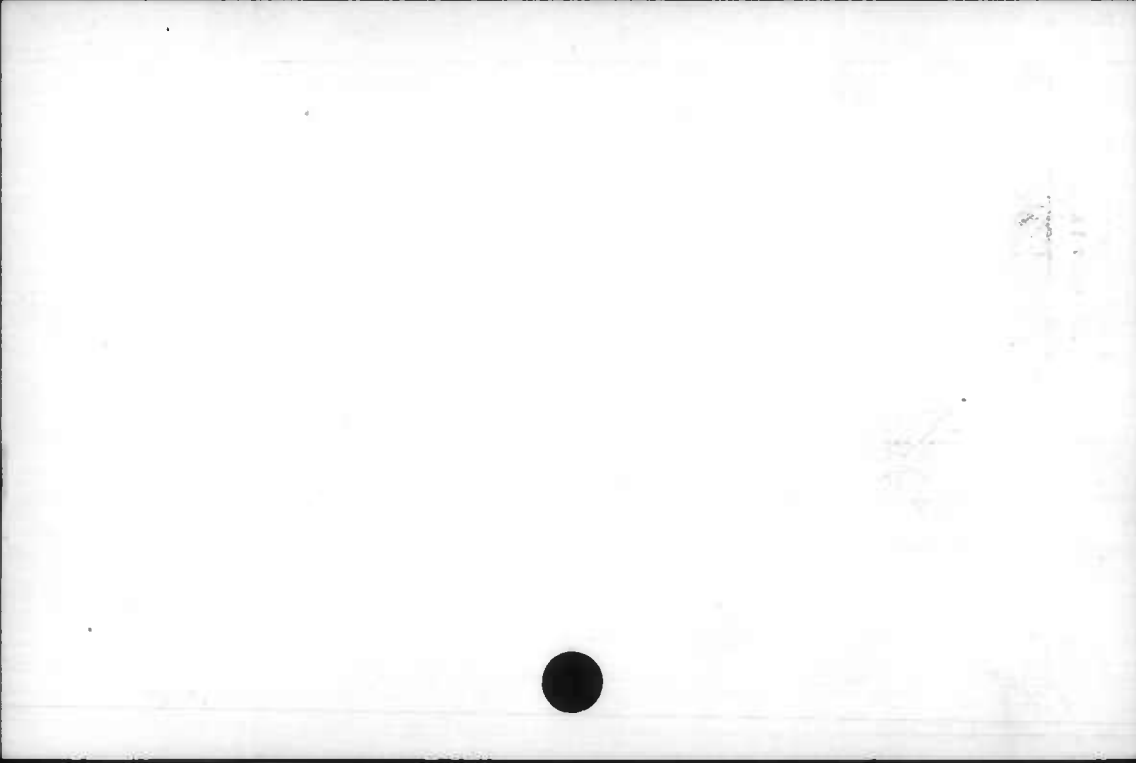
Diad at	Town <i>Boonsboro, Md.</i>	County <i>Washington</i>	MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>28</i>	Age <i>23</i>	<i>11</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place <i>Boonsboro, Md.</i>
Occupation	<i>Milliner</i>	Where Residing if not at place of death <i>Boonsboro, Md.</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name	<i>James P. Ford</i>	Father's Birthplace	<i>Boonsboro</i>	
Mother's Maiden Name	<i>Maluida C. Young</i>	Mother's Birthplace	<i>Boonsboro</i>	
Name of person giving Information	<i>Maluida C. Ford</i>	How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>2 yrs -</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. C. Wheeler M.D.</i>
		Address	<i>Boonsboro Washington Co -</i>
Accident or Suicida			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Antietam</u> Town		County <u>Washington</u>		MARYLAND	
Date of death	1909	Month <u>2</u>	Day <u>13</u>	Age <u>71</u> Years	Months <u>4</u> Days <u>11</u>
Sex <u>F</u>	Color or Race <u>White</u>		Birth-place <u>Antietam</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Adams, Giffert</u>				
Father's Name <u>John Mulligan</u>	Father's Birthplace <u>Long Island</u>				
Mother's Maiden Name <u>Barbara Sarah Laugh</u>	Mother's Birthplace <u>Brownsville</u>				
Name of person giving information <u>Husband</u>	How related to deceased <u>Wife</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Organic Heart Disease</u>	How long <u>Years</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>E. H. Gantt</u>
		Address <u>Shawbury, Ind</u>
Accident or Suicide?		

L E Suman & Son.

Name  
in  
Full

Emma Good

## CERTIFICATE OF DEATH



TO BE ANSWERED BY  
NEAREST FRIEND

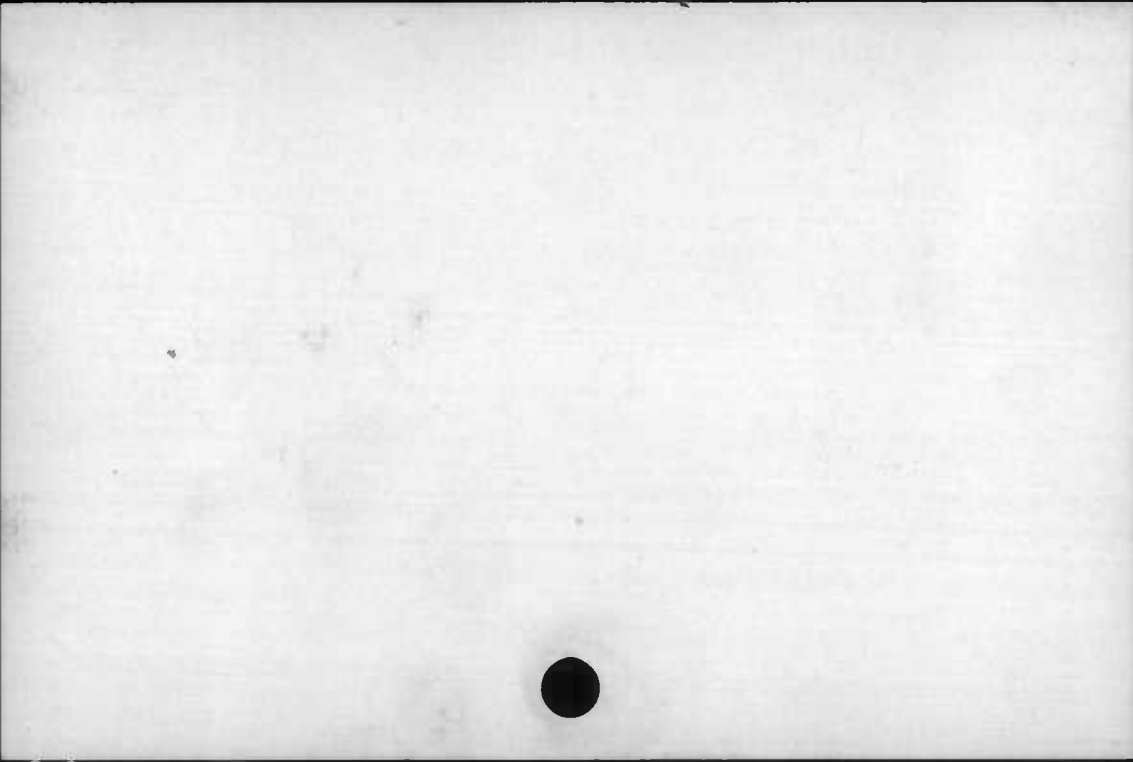
Died at		Town Hilson		County Hask		MARYLAND	
Date of death	1909	Month 2	Day 1	Age 45	Years	Months 2	Days
Sex	A		Color or Race	W		Birth- place	Ind
Occupation	Dressmaker			Where Residing if not at place of death			
Single or Widowed		Name of Wife or Husband					
Father's Name	Abram Good				Father's Birthplace	Ind	
Mother's Maiden Name	Anna Corbitt				Mother's Birthplace	In	
Name of person giving in formation	Walter Stein				How related to deceased	Cousin	

## CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	Seven years
Immediate	Heart failure	How long	Twelve hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abraham Shank	
Address		Clearspring Washington County	
			
			
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sandy Hook</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>24<sup>th</sup></i>	Age <i>54</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sandy Hook</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Near Sandy Hook</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jacob Grove</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Sallie Grove</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Walter Powers</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>about 3 months</i>
Immediate <i>No Physician</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>W. M. Seligman, Jr. M.D.</i>
<i>8</i>	Address <i>1414 17th St. Wash. D.C. Ind.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bakersville		County Washington		MARYLAND	
Date of death		Month 9	Day 15	Age Years		Months 5	Days 18
Sex Female	Color or Race white			Birth-place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Chas. H. Hammond				Father's Birthplace md.			
Mother's Maiden Name Ida Van Cusdian				Mother's Birthplace Pa.			
Name of person giving information Chas. Hammond				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	capillary Bronchitis		How long	1 week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician W. M. Reichard	
			Address Fairplay.	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pondsville</i> Town <i>Pondsville</i> County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>15</i>	Age <i>84</i> Years <i>7</i> Months <i>6</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Mt Ethna.</i>	
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Pondsville.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catherine Heard.</i>		
Father's Name <i>Dont Know.</i>	Father's Birthplace <i>Dont Know.</i>		
Mother's Maiden Name <i>Dont Know.</i>	Mother's Birthplace <i>Dont Know.</i>		
Name of person giving information <i>Sarah Powlers.</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

(66)  
How long*ONE WEEK*

Primary

*Paralysis*

Immediate

*Heart Failure*

How long

*Instant*

Are the name, age, sex, color, date and place correctly given above?

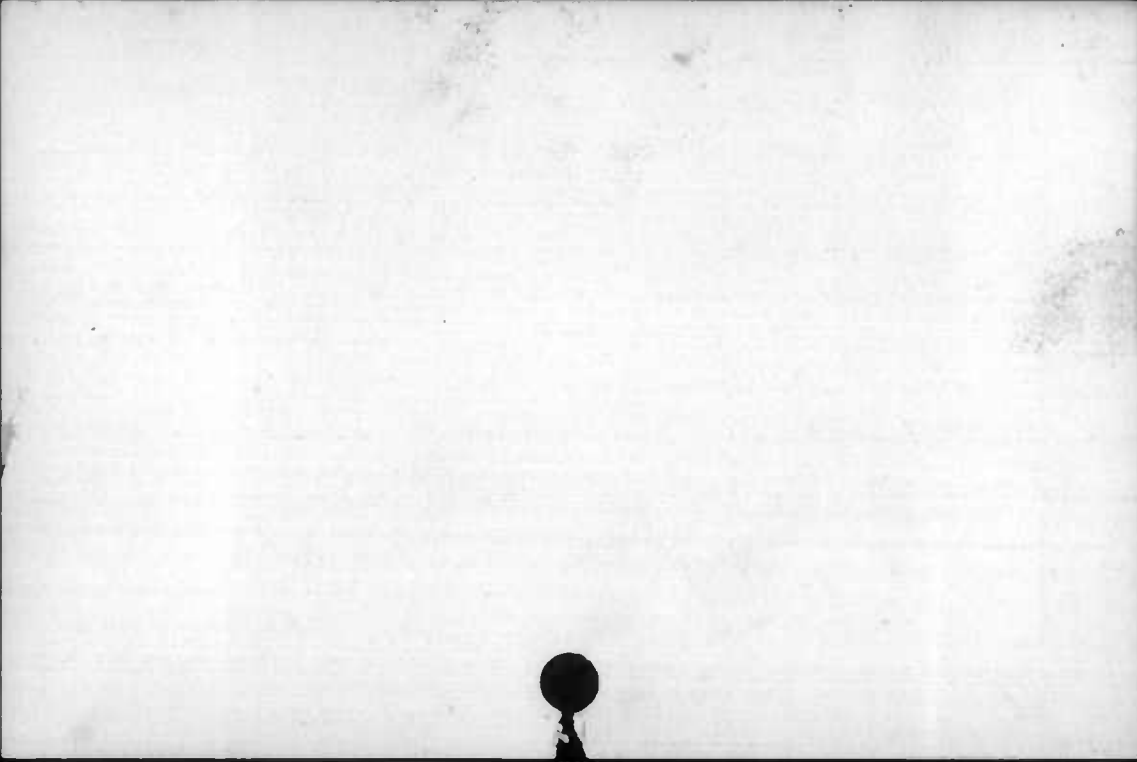
*Yes*

Signature of Physician

Address

*Dr M McFadden*  
*Smithsburg*  
*Maryland.*

Printed Name?



Name  
in  
Full

Nelson Benson

## CERTIFICATE OF DEATH

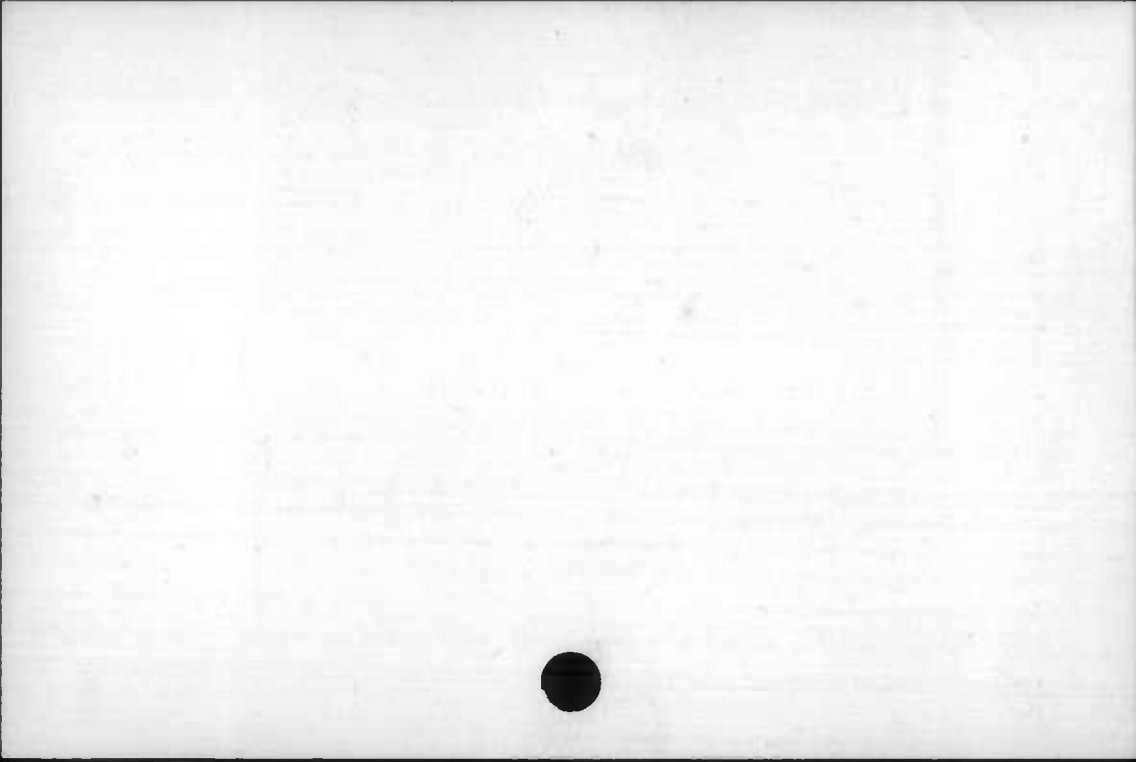
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Tomberville		County Marsh		MARYLAND	
Date of death		1908	Month 2	Day 24	Age Years -	Months 5	Days 6
Sex Male		Color or Race White		Birth- place Near Tomberville			
Occupation _____				Where Residing if not at place of death Same Pl. 4			
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name Daniel Benson				Father's Birthplace Wash. Co.			
Mother's Maiden Name Carrie Best				Mother's Birthplace Williamsport			
Name of person giving In formation Daniel Benson				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	capillary Bronchitis	How long 10 days
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Dr. M. Richard
		Address Fairplay.
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jane W. Haffman* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 190*9* Month *2* Day *21* Age *84* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ohio*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Peter J. Haffman*

Father's Name *Don't Know* Mitchell Father's Birthplace *Conn*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving Information *Clara C. Langworthy* How related to deceased *Saughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cor Pulmonale* How long *1 Week*

Immediate *Cardiac Failure* How long *1 Day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. J. Haffman* Address *Hagerstown, Md*

Accident or Suicide *No*

Richmond Ind.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

Month

Day

Years

Months

Days

Age

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Name of Wife

Fether's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of parson giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

Suter



Name  
in  
Full

Isaac E

Horst-

CERTIFICATE OF DEATH

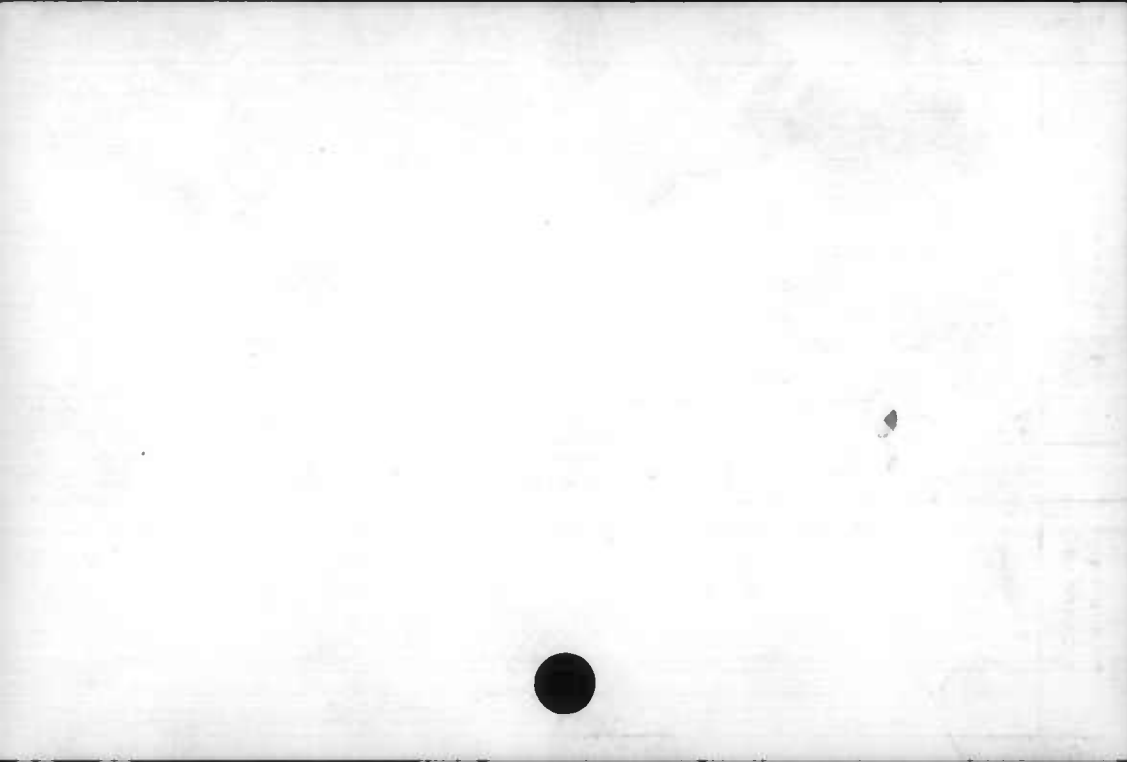
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mangansville</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Feb	Day	18
Age	1	Years	8	Months	20
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	X	Where Residing if not at place of death	X		
Married, Single or Widowed	Single	Name of Wife or Husband	X		
Father's Name	David H. Horst-			Father's Birthplace	Mangansville, Md
Mother's Maiden Name	Mary M. Eshleman			Mother's Birthplace	Ridgely, Md
Name of person giving Information	Robert H. Horst			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles	How long	3 days
Immediate	Convulsions	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. Montgomerie
Address	No.	Address	Washington, Md
Accident or Suicide	No.		



Name  
in  
Full

Lula R. Huntberry -

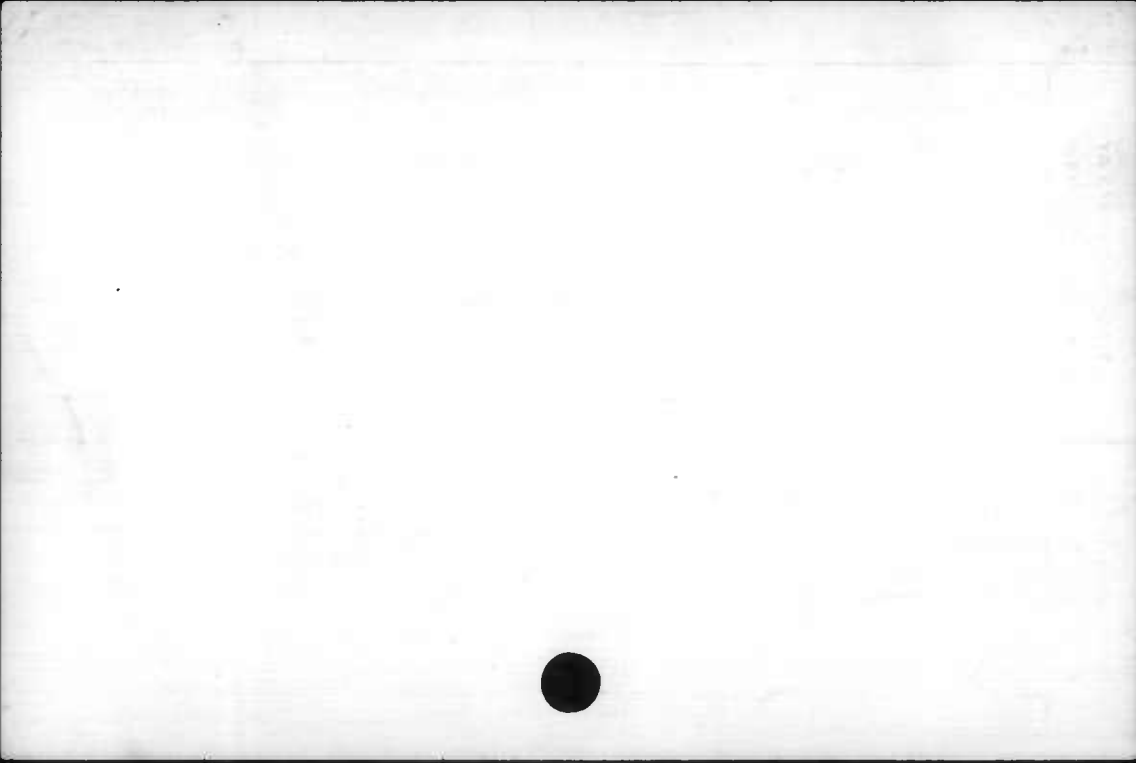
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Boonsboro		County Wash.		MARYLAND	
Date of death		Month 1909	Feb.	Day 10	Age 10	Months 9	Days 3
Sex Female		Color or Race White		Birthplace Wash. Co.			
Occupation none				Where Residing if not at place of death Boonsboro			
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name W. Harvey Huntberry				Father's Birthplace Wash. Co			
Mother's Maiden Name Lucinda Mary				Mother's Birthplace " "			
Name of parson giving Information Lucinda Mary				How related to deceased Mother			

PHYSICIAN  
OR CORONER

		CAUSES OF DEATH		(10)	
Primary		La Grippe		How long 6 days -	
		Peritonitis		How long 3 "	
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician S. S. Davis.	
		Address Boonsboro Md.			
Accident or Suicide					





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND
	Date of death <i>1909</i>	Month <i>2</i>	Day <i>20</i>	Age <i>50</i>	Years <i>50</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md.</i>		
	Occupation <i>Coachman</i>	Where Residing if not at place of death <i>—</i>			
	Married, <i>Single</i> or <i>Widowed</i>	Name of Wife or Husband <i>Hannah Jackson</i>			
	Father's Name <i>Joseph Jackson</i>	Father's Birthplace <i>Md.</i>			
	Mother's Maiden Name <i>No Record of</i>	Mother's Birthplace <i>Md.</i>			
	Name of person giving information <i>William O. Wilson</i>	How related to deceased <i>Son in law</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Hemorrhage in the medulla</i>		How long <i>20 hours</i>		
	Immediate <i>Cardiac failure</i>		How long <i>8 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Wilson</i>		
	Accident or Suicide? <i>no</i>		Address <i>139 1/2 N. Janatman St Hagerstown Md.</i>		

Coffman  
Halifax

Name  
in  
Full

Mary Bond James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hagerstown Md <sup>County</sup> WashingtonDate of death 1909 <sup>Month</sup> 2 <sup>Day</sup> 15 <sup>Years</sup> 85 <sup>Months</sup> 10 <sup>Days</sup> 20Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Allegany Co MdOccupation None <sup>Where Residing if not at place of death</sup>~~Married Single~~ or Widowed <sup>Name of Wife or Husband</sup> Isaac N. James<sup>Father's Name</sup> Coleman <sup>Father's Birthplace</sup> Unobtainable<sup>Mother's Maiden Name</sup> Ollie Coleman <sup>Mother's Birthplace</sup> Unobtainable<sup>Name of person giving information</sup> George W. James <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

64

<sup>Primary</sup> apoplexy <sup>How long</sup> 2 days<sup>Immediate</sup><sup>Are the name, age, sex, color, date and place correctly given above?</sup> Yes<sup>Signature of Physician</sup> F. H. Charles, M.D.<sup>Address</sup> Hagerstown Md.<sup>Accident or Suicide?</sup> No

Central Sta WV

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

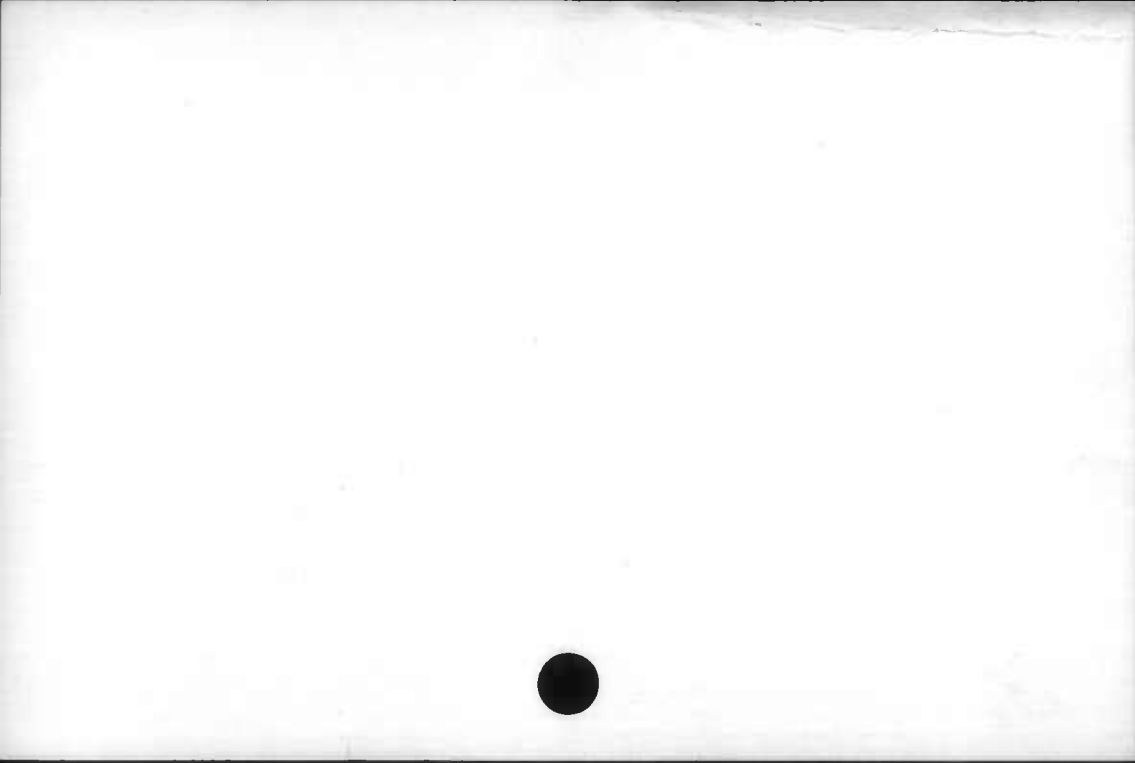
Name in Full *Bladys Mary Jenkins* Town *Sandy Hook* County *Washington* MARYLAND  
 Died at *Sandy Hook* Month *Feb* Day *1* Age *7* Months *6* Days *—*  
 Date of death 190 *9*  
 Sex *Female* Color or Race *White* Birth-place *Maryland*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Robt L Jenkins* Father's Birthplace *Va*  
 Mother's Maiden Name *Bertie E Jenkins* Mother's Birthplace *Ma*  
 Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *4 days*  
 Immediate *Asphyxia* How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *J*  
 Signature of Physician *B B Ranson*  
 Address *Harpers Ferry W. Va.*  
 Accident or Suicide \_\_\_\_\_



Name  
is  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MAYLAND		
Date of death 190 <i>4</i>	Month <i>2</i>	Day <i>19</i>	Age <i>68</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>					
Occupation <i>Broom Maker</i>		Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hellen Hoover</i>							
Father's Name <i>David Herschner</i>	Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Elizabeth Lumm</i>	Mother's Birthplace <i>Md</i>							
Name of person giving Information <i>Hellen Herschner</i>		How related to deceased <i>Wife</i>						

## CAUSES OF DEATH

Primary

*Paralysis*

How long

*Some weeks*

Immediate

How long

*Some weeks*

Are the name, age, sex, color, data and place correctly given above?

*Yes*

Signature of Physician

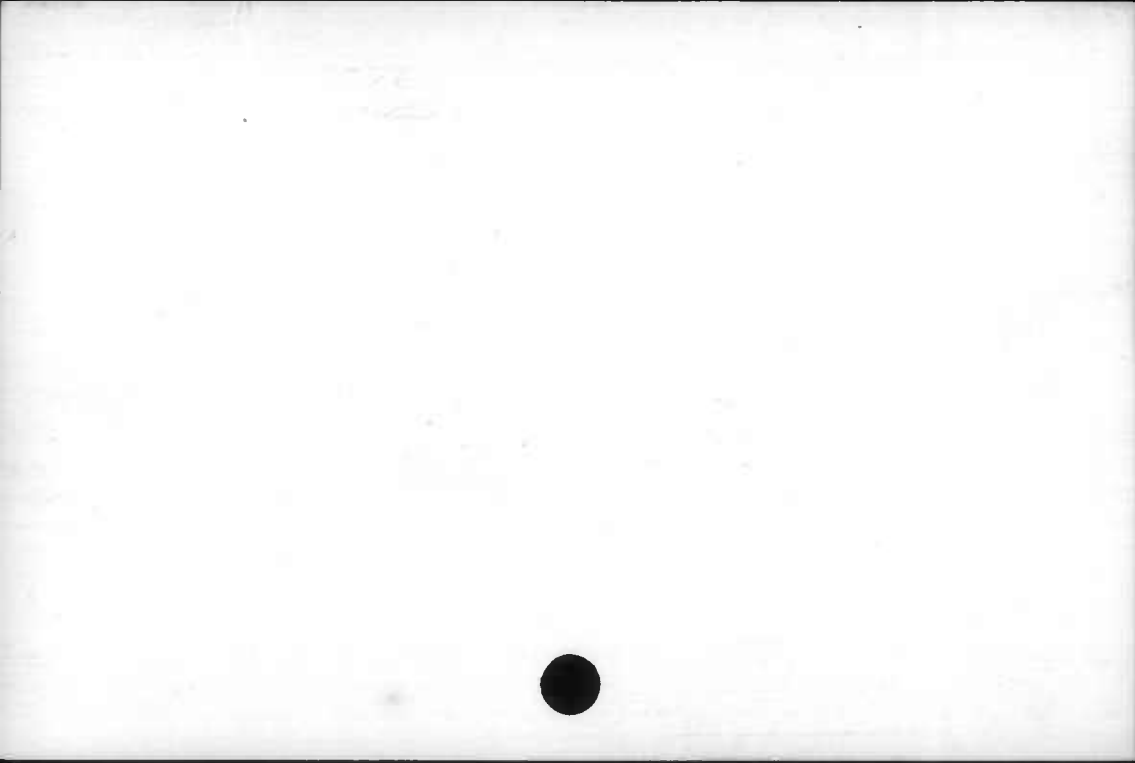
Address

*Chas. D. Boyle M.D.*

Accident or Suicide

PHYSICIAN  
OR CORONER

66





Name  
in  
Full

Howard Herbert Kniesly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> Feb. <sup>Day</sup> 11 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 12

Sex Male Color or Race White Birth-place Hagerstown

Occupation San. Chief Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John C. Kniesly Father's Birthplace Washington Co.

Mother's Maiden Name Bessie May Feigler Mother's Birthplace Hagerstown

Name of person giving information H. Kniesly How related to deceased None

## CAUSES OF DEATH

Primary Apoplexy Birth. (7 months)

Insufficient development of

Heart & lungs.

Immediate Failure of Respiratory organs.

Are the name, age, sex, color, date and place correctly given above? yes

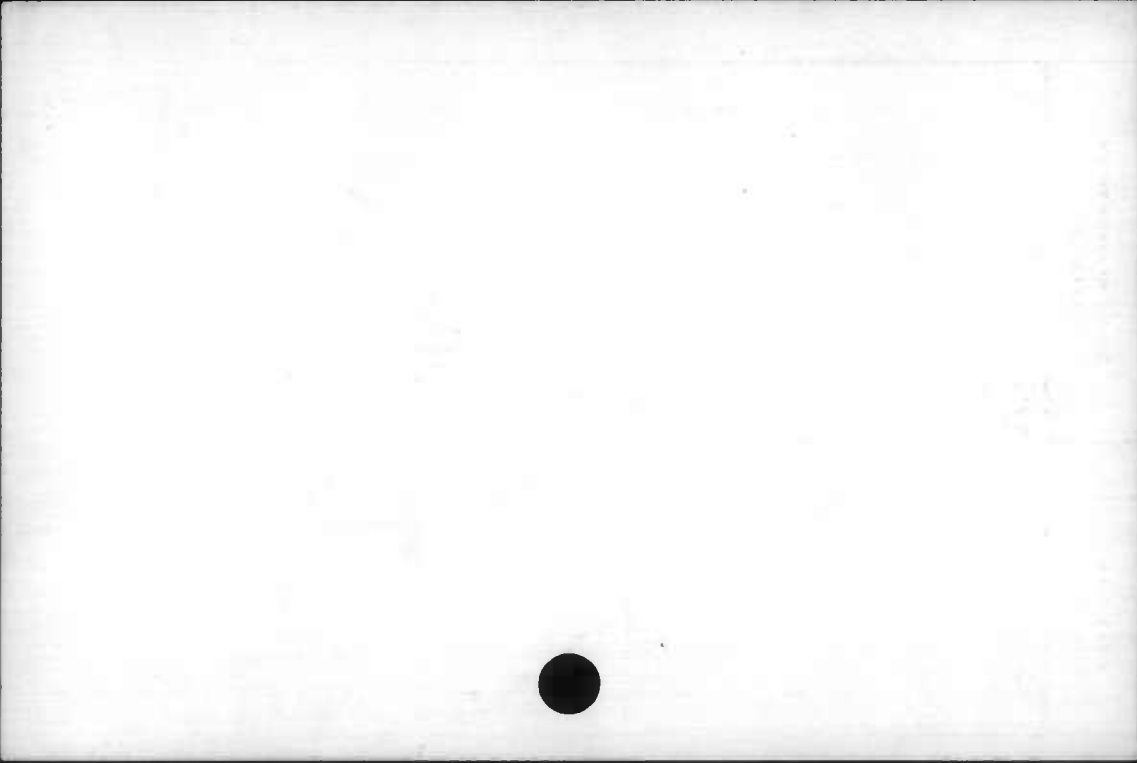
How long

How long

PHYSICIAN  
OR CORONERSignature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

*John Lay*  
Town *Spring Culbert Farm* County *Washington*  
Died at *Spring Culbert Farm* *Washington*  
Date of death 1909 *Feb* *3* Age *—* Months *—* Days *0*

MARYLAND

Sex *Male* Color or Race *White* Birthplace *Spring Cul. Farm*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *J. K. Lay* Father's Birthplace *Gen Co Va*  
Mother's Maiden Name *Cora L Thomas* Mother's Birthplace *Madison Co Va*  
Name of person giving Information *J. K. Lay* How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Premature birth* How long *Immediate*  
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide

<sup>4</sup>  
Feb 4-1909  
return in Raccoon Creek  
Williamport Maryland

by  
J. F. Kups  
Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>4</i>		Age <i>19</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Months <i>4</i>		Days <i>29</i>	
Occupation <i>Waiter</i>		Birth place <i>Paffaham</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Lewis</i>		Father's Birth place <i>Paffaham</i>					
Mother's Maiden Name <i>Christa Butler</i>		Mother's Birth place <i>Wrightsville</i>					
Name of person giving information <i>Mort Lewis</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Cardiac failure</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Wilson, M.D.</i>
<i>8</i>	Address <i>157 1/2 N. Jonathan St. Hagerstown Md.</i>
Accident or Suicide? <i>no</i>	

Coffman  
Rock Hill.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mr Mary E. Lunn.

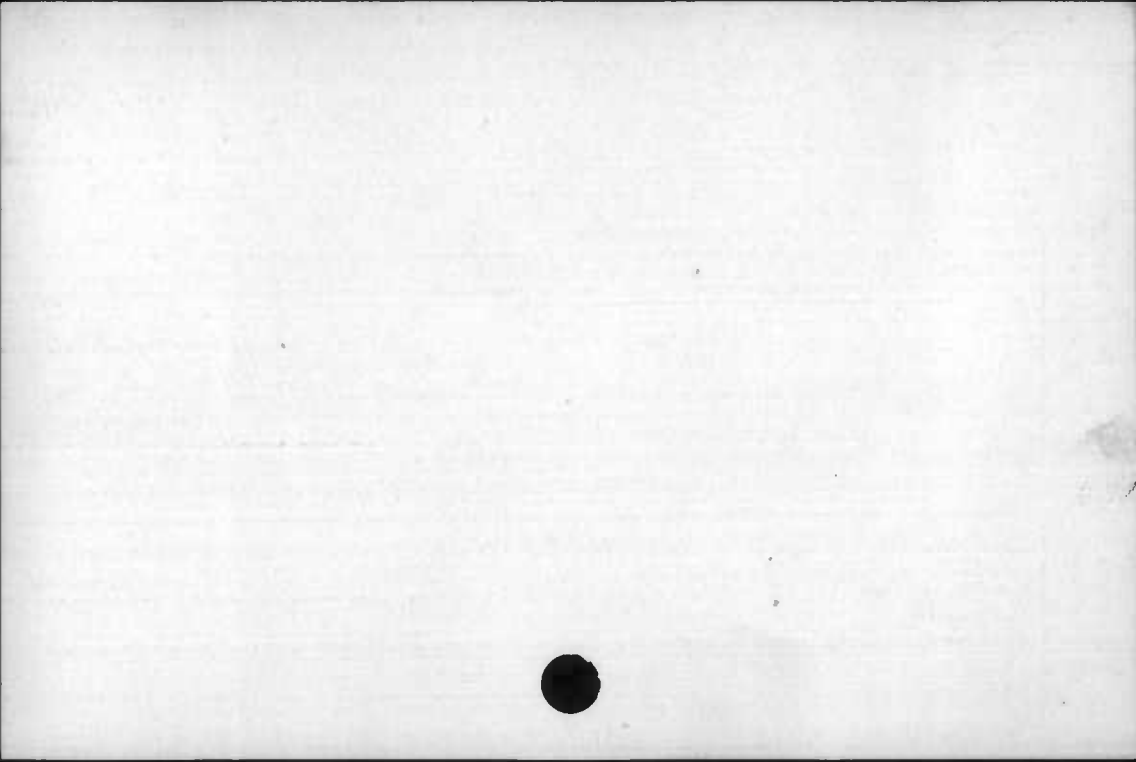
Died at <u>Pondsville</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month <u>2</u>	Day <u>12</u>	Age <u>79</u> <small>Years</small>	Months <u>10</u> Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Smithsburg</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Pondsville</u>				
Married, <del>Single</del> or <del>Widowed</del> <u>Married</u>	Name of Wife or Husband <u>Luo. Lunn.</u>				
Father's Name <u>John &amp; Flora.</u>	Father's Birthplace <u>Smithsburg</u>				
Mother's Maiden Name <u>Catherine Keiffer</u>	Mother's Birthplace <u>Don't know.</u>				
Name of person giving Information <u>Ada J. Lunn.</u>	How related to deceased <u>Daughter.</u>				

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>2 yrs</u>
Immediate <u>Heart Trouble</u>	How long <u>Two day.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. K. Kefauver</u>
<u>J</u>	Address <u>Smithsburg</u>
<u>Accident or Suicide?</u>	<u>Maryland</u>





Name  
in  
Full

Elija Jane McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

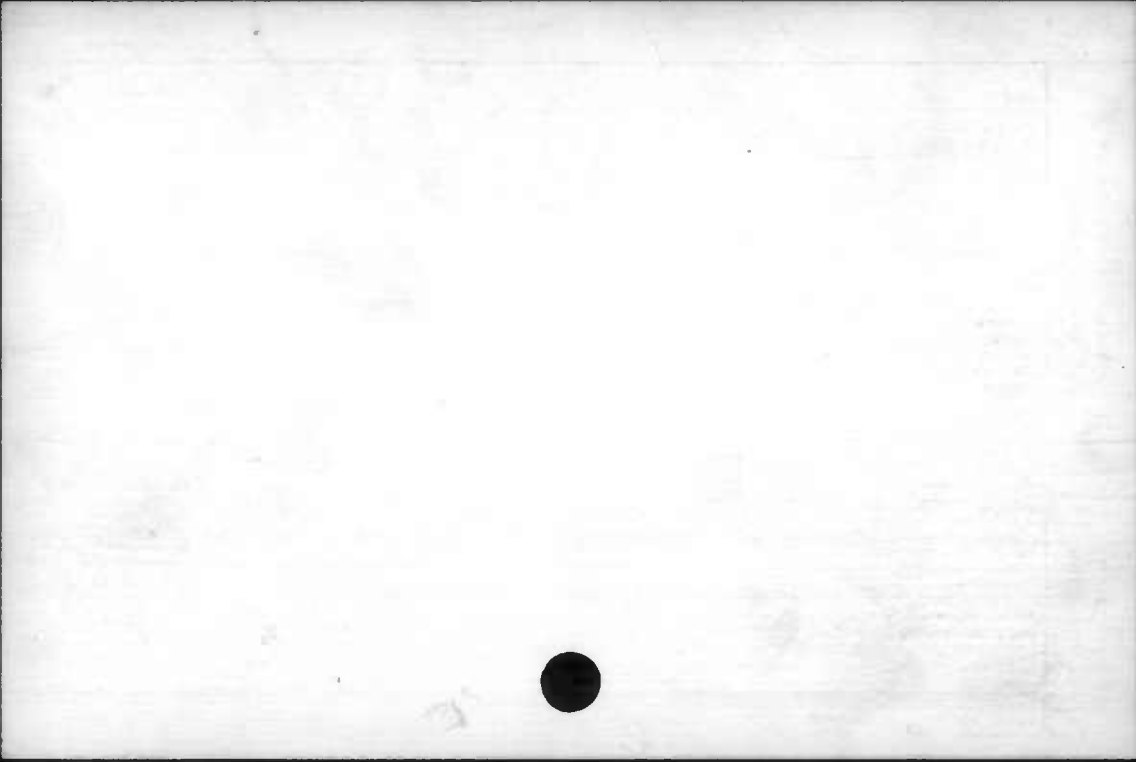
Died at <sup>Town</sup> <i>Shrovetown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 1909 <sup>Month</sup> <i>February</i> <sup>Day</sup> <i>19</i>		Age <i>31</i>		<sup>Months</sup> <i></i> <sup>Days</sup> <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shrovetown</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elinor McPherson</i>			
Father's Name <i>Daniel H. Stouffer</i>		Father's Birthplace <i>Wash. Co.</i>			
Mother's Maiden Name <i>Julia A. Myers.</i>		Mother's Birthplace <i>Wash. Co.</i>			
Name of person giving Information <i>McClellan Stouffer</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

140

PHYSICIAN  
OR CORONER

Primary	<i>Confinement</i>	How long	<i></i>
Immediate	<i>Puerperal mania</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. T. Smithe</i>	
<i>Yes.</i>		Address <i>Boonsboro Md.</i>	
Accident or Suicide <i></i>			



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
		Name of person giving information		How related to deceased					
				CAUSES OF DEATH		(66)			
PHYSICIAN OR CORONER		Primary		Paralysis 3 <sup>d</sup> seizure		How long		about 1 year	
		Immediate		Exhaustion		How long		14 hours	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		O. H. P. Rague	
		Accident or Suicide?		No		Address		Hagerstown Md	

Coffman  
Rose Hill

Name  
in  
Full

Mary E. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

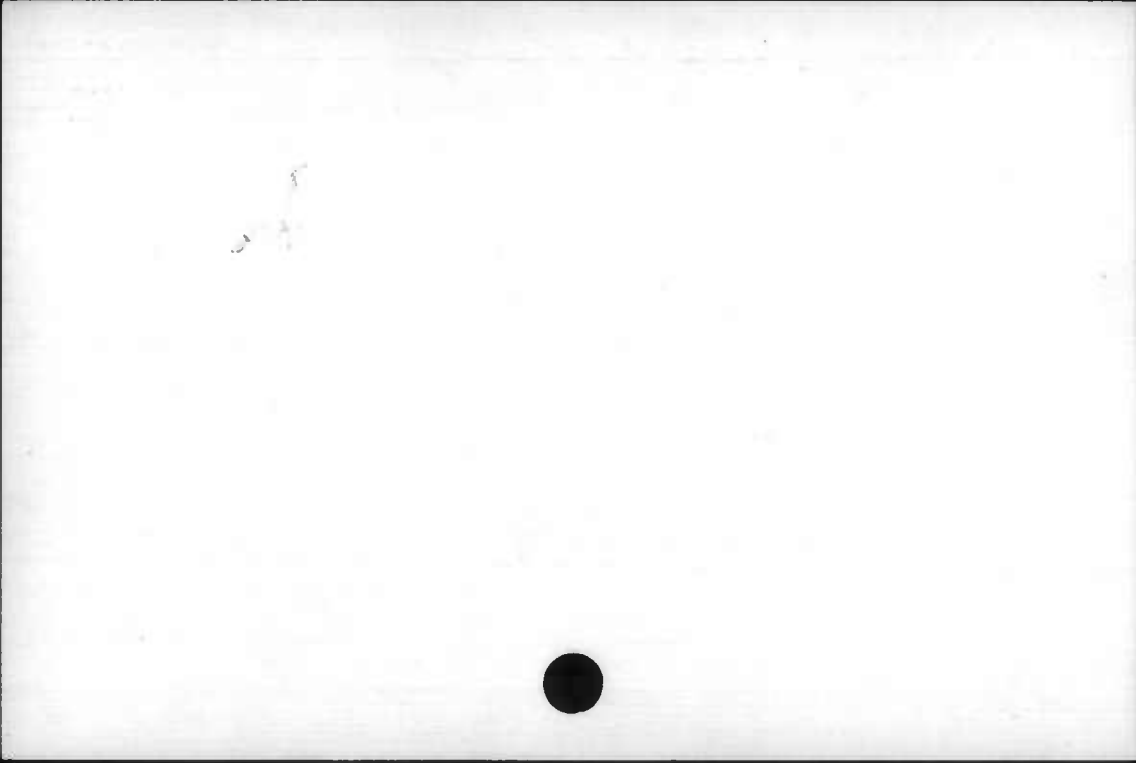
Died at		Town Leitersburg		County Washington		MARYLAND	
Date of death		190	9	Feb.	30	Age	35
		Month		Day		Years	
						Months	
						Days	
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth- place		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Frank Miller	
Father's Name		John Stoner		Father's Birthplace		Maryland	
Mother's Maiden Name		Sallie A. Krimer		Mother's Birthplace		Maryland	
Name of person giving Information		Ida B. Scott		How related to deceased		Sister	

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary	Diabetes	How long	one year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J		J. H. Wishard	
Accident or Suicide		Address Leitersburg Md.	



Name  
in  
Full

Daisy Victoria Mills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pecktonville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb.</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Months <i>one</i>	Days <i>18</i>	
Birth-place <i>Pecktonville</i>	Where Residing if not at place of death				
Occupation <i>—</i>					
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Victor D. Mills</i>	Father's Birthplace <i>Pecktonville Md.</i>				
Mother's Maiden Name <i>Rosie L. Reed</i>	Mother's Birthplace <i>Clearspring Md.</i>				
Name of person giving information <i>Mary A. Hull</i>	How related to deceased <i>non</i>				

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary <i>Inward Spasms</i>	How long <i>one day</i>
Immediate	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Hull</i> Sub. Registrar
	Address <i>Big Pool Wash. Co. Md.</i>
Accident or Suicide?	





Name  
in  
Full

Russel R Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Maplesville</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1909 February 19</i>	Age	<i>4</i>	Months	<i>8</i>
				Days	<i>23</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Wash. Co.</i>
Occupation					
		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Not Known (Illegitimate)</i>			Father's Birthplace	
Mother's Maiden Name	<i>Leora M Morgan</i>			Mother's Birthplace	<i>Fred. Co.</i>
Name of person giving information	<i>Leora M Morgan</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORNER

Primary	<i>Otitis Media</i>	How long	<i>10 days</i>
Immediate	<i>Meningitis</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. J. Smith M.D.</i>
<input checked="" type="checkbox"/>		Address	<i>Brownboro Md.</i>
Accident or Suicide			



Name  
in  
Full

Simon Mowery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Washington					
Date of death	1909	Month	2	Day	26	Age	68
						Years	8
						Months	22
Sex	Male		Color or Race	White		Birth-place	Pa.
Occupation	Retired Contractor		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Mowery			
Father's Name	Martin Mowery					Father's Birthplace	Pa.
Mother's Maiden Name	Elizabeth Musser					Mother's Birthplace	Pa.
Name of person giving information	Elizabeth Mowery					How related to deceased	Wife

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage - Chronic Hypertension	How long	6 months.
Immediate	Toxemia - Kidneys.	How long	" "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V. L. D. Miller	
Address		Hagerstown, Md.	
Accident or Suicide?		no.	

Coffman  
Rose Hill.

Name  
in  
Full

Irvin Stanley Mumma

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *Feb* <sup>Day</sup> *9* Age *---* <sup>Years</sup> *17* <sup>Months</sup> *12* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Hagerstown*

Occupation *---* Where Reiding if not at place of death *11*

Married, Single or Widowed *---* Name of Wife or Husband *---*

Father's Name *William Stanley Mumma* Father's Birthplace *Mm. sport*

Mother's Maiden Name *Florence Ensminger* Mother's Birthplace *Mm. sport.*

Name of person giving Information *William S. Mumma* How related to deceased *Father*

## CAUSES OF DEATH

92

Primary *Bronch. Pneumonia* How long *3 wks-*

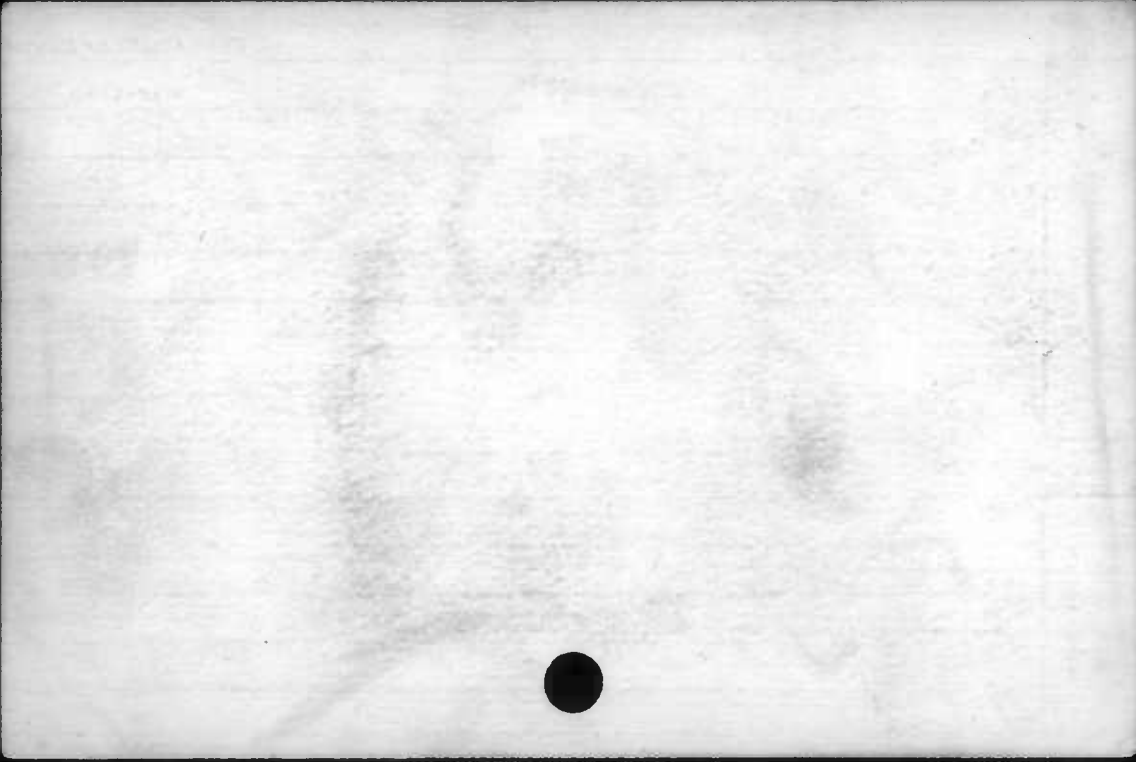
Immediate *L. hauseria* How long *Few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. W. Wutz*  
*Hagerstown*Accident or Suicide *Yes*PHYSICIAN  
OR CORONER



Name  
in  
Full

Martha E. Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hancock</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month <u>2</u>	Day <u>20</u>	Age <u>30</u>	Months <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Hancock Co.</u>		
Occupation <u>Wife</u>	Where Residing if not at place of death <u>Lived at home.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robert E. Myers.</u>				
Father's Name <u>Edward Spiker.</u>	Father's Birthplace <u>Wash Co Md.</u>				
Mother's Maiden Name <u>Annis Clugston.</u>	Mother's Birthplace <u>Penn.</u>				
Name of person giving information <u>Robert E. Myers.</u>	How related to deceased <u>Husband.</u>				

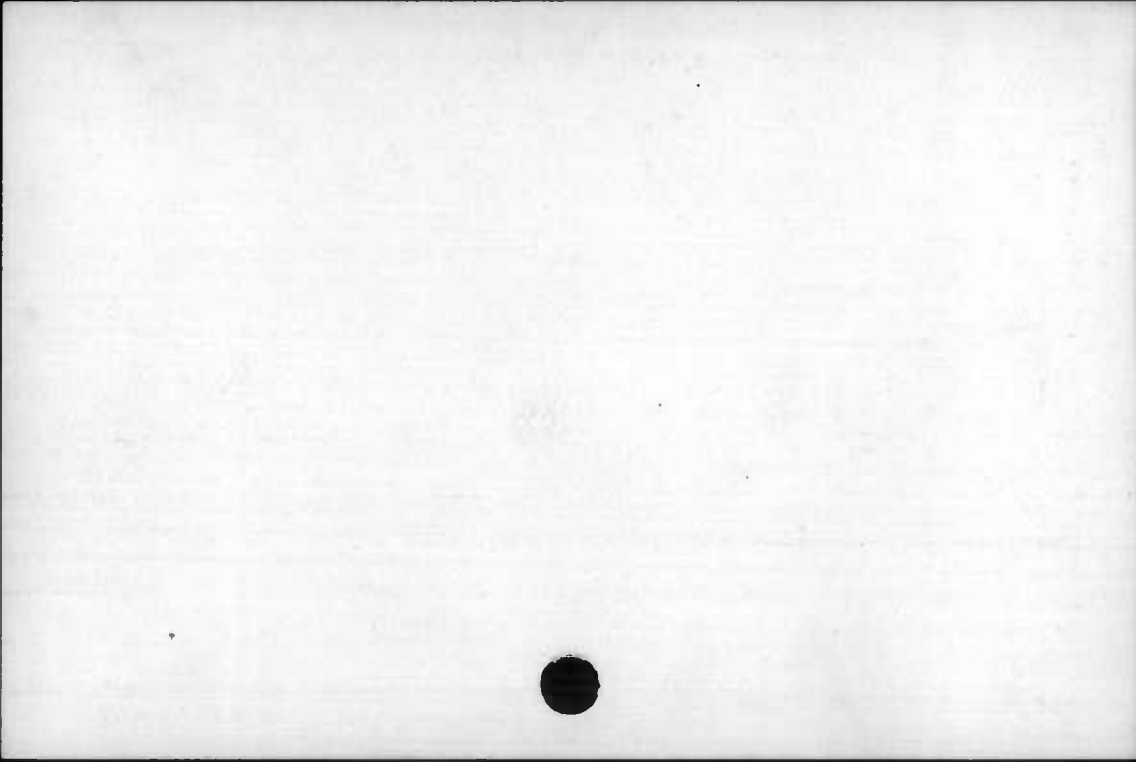
Dr. Lath.

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>3 years</u>
Immediate <u>Miliary Tuberculosis</u>	How long <u>30 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. E. Tabler</u>
	Address <u>H. E. Tabler</u>
<input checked="" type="checkbox"/> Accident or Suicide?	





Name  
in  
Full

Nancy A Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownboro</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>February</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>71</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frisby Morris</i>				
Father's Name <i>John Hutzel</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Zittle</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Frisby Morris</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>How long</i>
Immediate <i>Paralysis</i>	<i>How long</i> <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. T. Smith, M.D.</i>
<i>J</i>	Address <i>Brownboro Md</i>
Accident or Suicide?	



Name  
in  
Full

Still Born Child

Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at *near Georgetown Washington* **MARYLAND**

Date of death 190 *9* Month *July* Day *26* Age *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John W. Palmer* Father's Birthplace *Penna*

Mother's Maiden Name *Mary E. Rickard* Mother's Birthplace *Maryland*

Name of person giving information *John W. Palmer* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

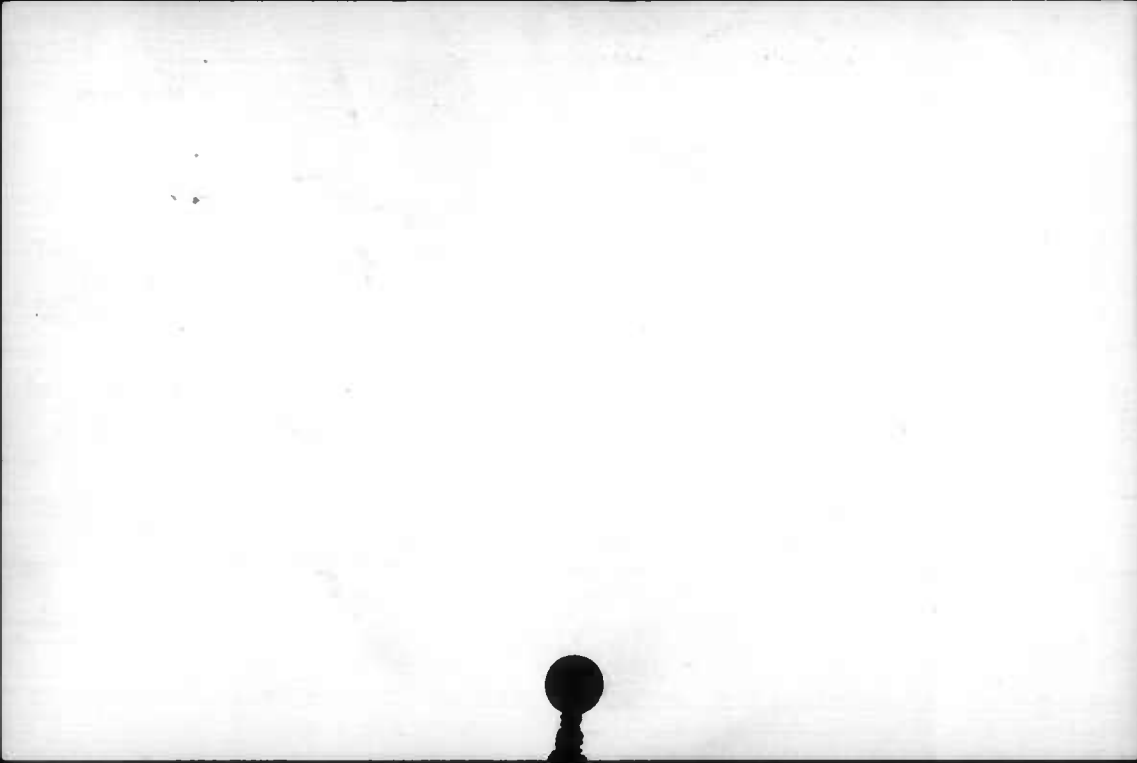
*Yes*

Signature of Physician

*W. C. Miller M.D.*

Address

*714 10011 1014 0011**Pa*Accident or Suicide *—*



Name  
in  
Full

Robert Eugene Patterson

CERTIFICATE OF DEATH

Died at

Hagerstown

Town

County

Wash

MARYLAND

Date

of death 190

Month

9 2

Day

21

Age

Years

1

Month

Day

5

Sex

male

Color or  
Race

white

Birth-  
place

Penn.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Robert M. Patterson

Father's  
Birthplace

Penn.

Mother's  
Maiden Name

Kamette Smith

Mother's  
Birthplace

Penn.

Name of person giving  
Information

R. M. Patterson

How related  
to deceased

father.

## CAUSES OF DEATH

36

Primary

Inherited Syphilis

How long

1 yr

Immediate

Cerebral Tumor

How long

12 days

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

H. L. Kneisley,

Address

Hagerstown,  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

John. L. Power.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

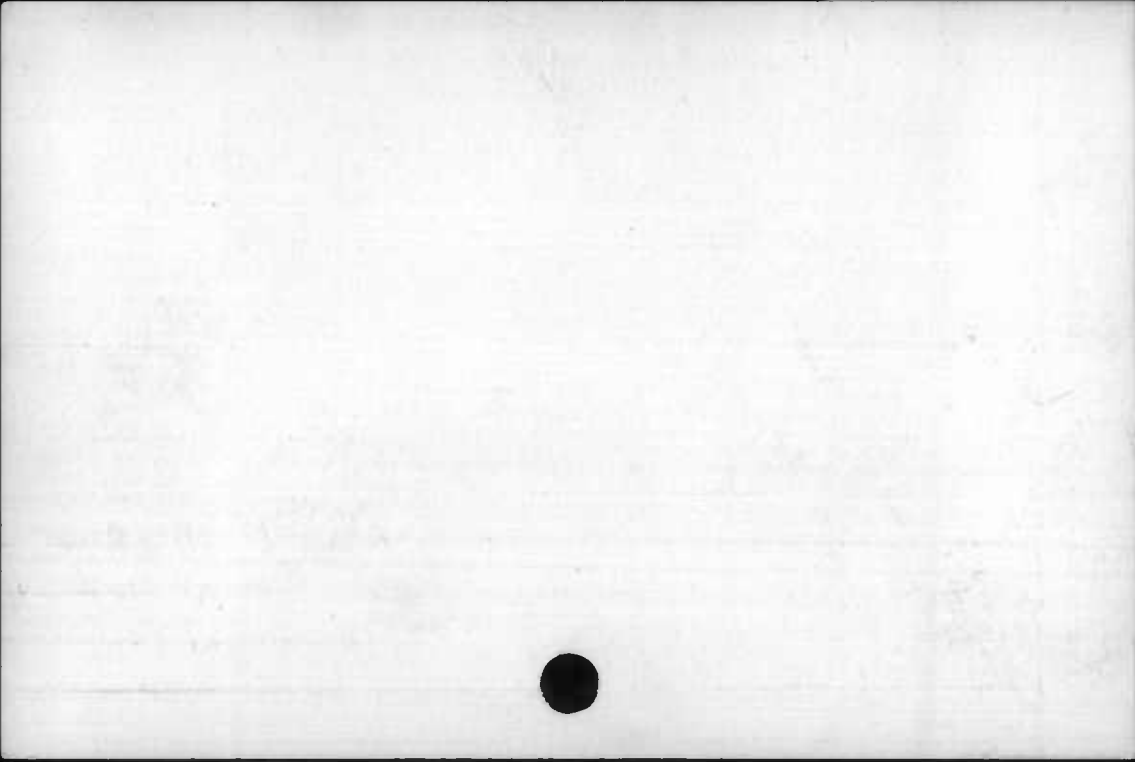
Died at <i>Clear Spring</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	<i>2</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	Age <i>70</i> <sup>Year</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Parkhead Md</i>		
Occupation <i>Shoemaker</i>	Where Residing if not at place of death				
Married. <i>Single</i>	Name of Wife <i>Elizabeth Cook.</i>				
Father's Name <i>Wm Power,</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Rhodes.</i>	Name of person giving information <i>Wm Power.</i>		How related to deceased <i>Son.</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Chronic Valvular disease</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
<i>J</i>	Address <i>Clear Spring Washington County</i>
Assistant or Scribe?	





Name  
in  
Full

Mrs A. Louisa Rettburg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Hagerstown

County

Wash.

Date

of death

1909 21

Day

21

Age

84

Months

10

Days

Sex

female

Color or  
Race

white

Birth-  
place

Germany

Occupation

H. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of Wife or  
Husband

Jacob Rettburg

Father's  
Name

Conrad Cook

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Elizabeth Yackel

Mother's  
Birthplace

"

Name of person giving  
Information

Rosa Rettburg

How related  
to deceased

daughter

## CAUSES OF DEATH

79

Primary

Fatty Degeneration of Heart

How long

Several years

Immediate

Exhaustion

How long

Few days

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

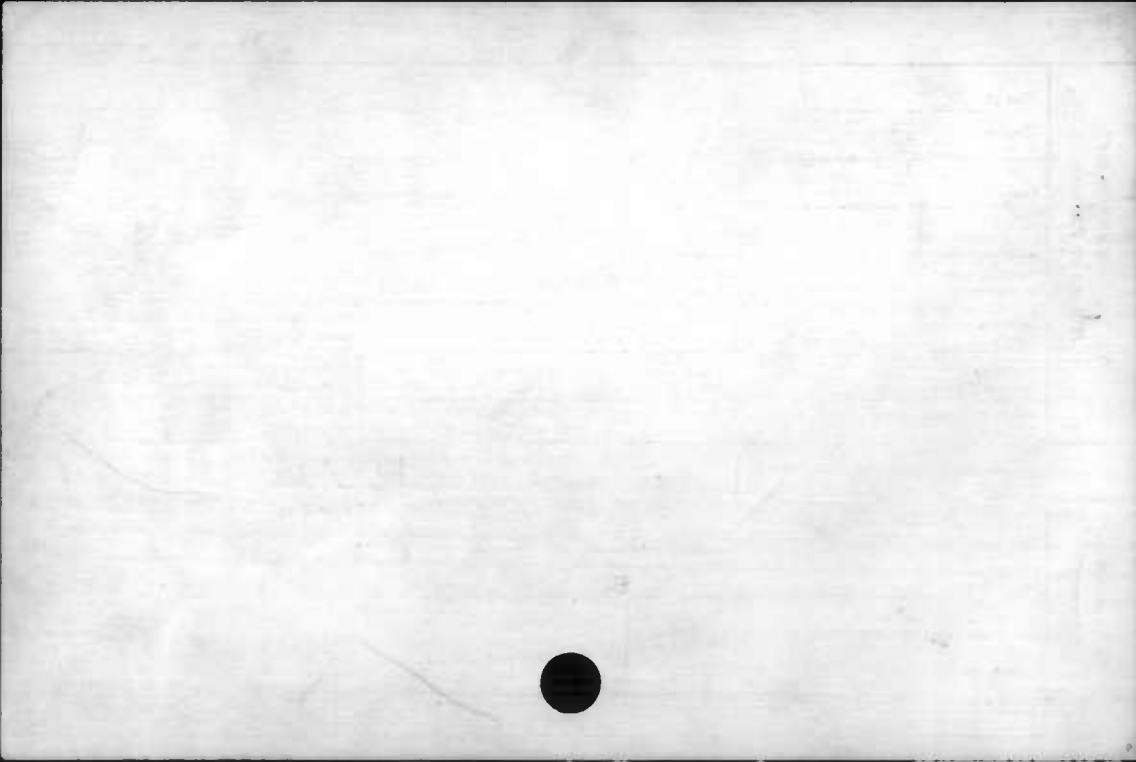
J. M. Welch

Address

Hagerstown

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Laura Anna Reynolds

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

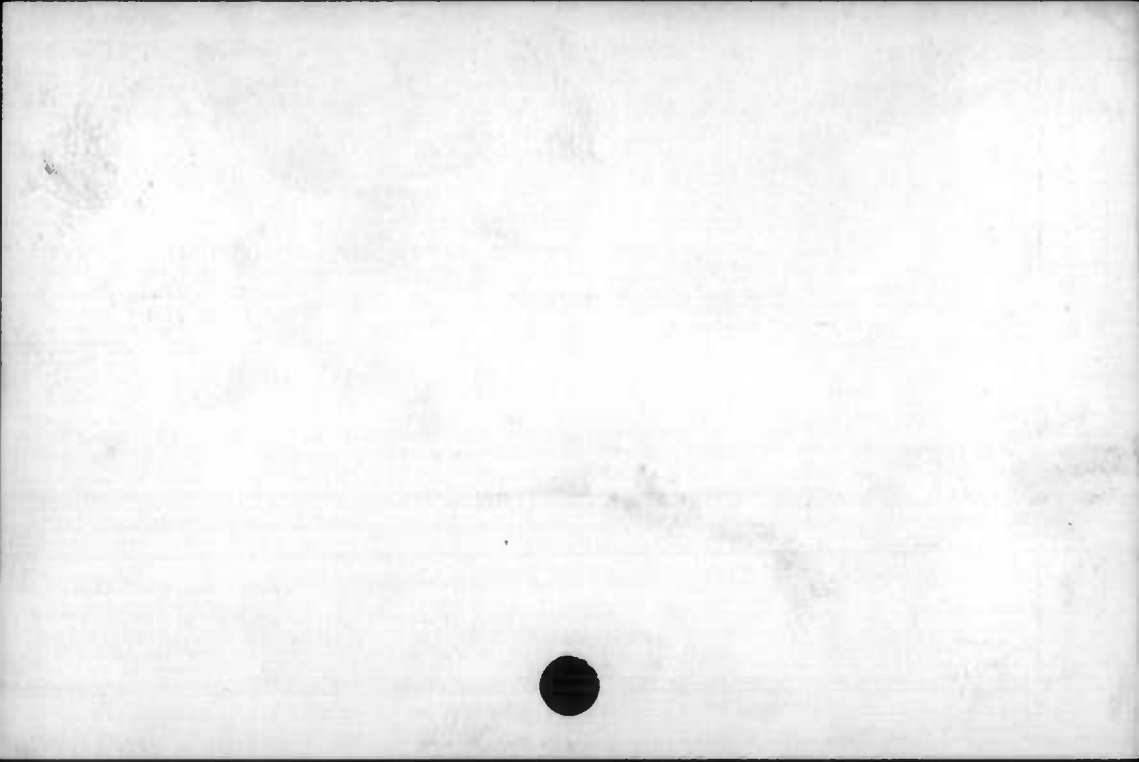
Died at <i>Sandy Hook</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>34</i>	Months <i>10</i>	Days <i>16</i>		
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>W. Va</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Reynolds</i>					
Father's Name <i>John T. Kilham</i>			Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Laura V. Dixon</i>			Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>John T. Kilham</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>organic Heart Disease</i>	How long <i>Five years</i>
Immediate <i>Dropsy</i>	How long <i>six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B B Ranson M.D.</i>
<i>X</i>	Address <i>Harpers Ferry, W. Va.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

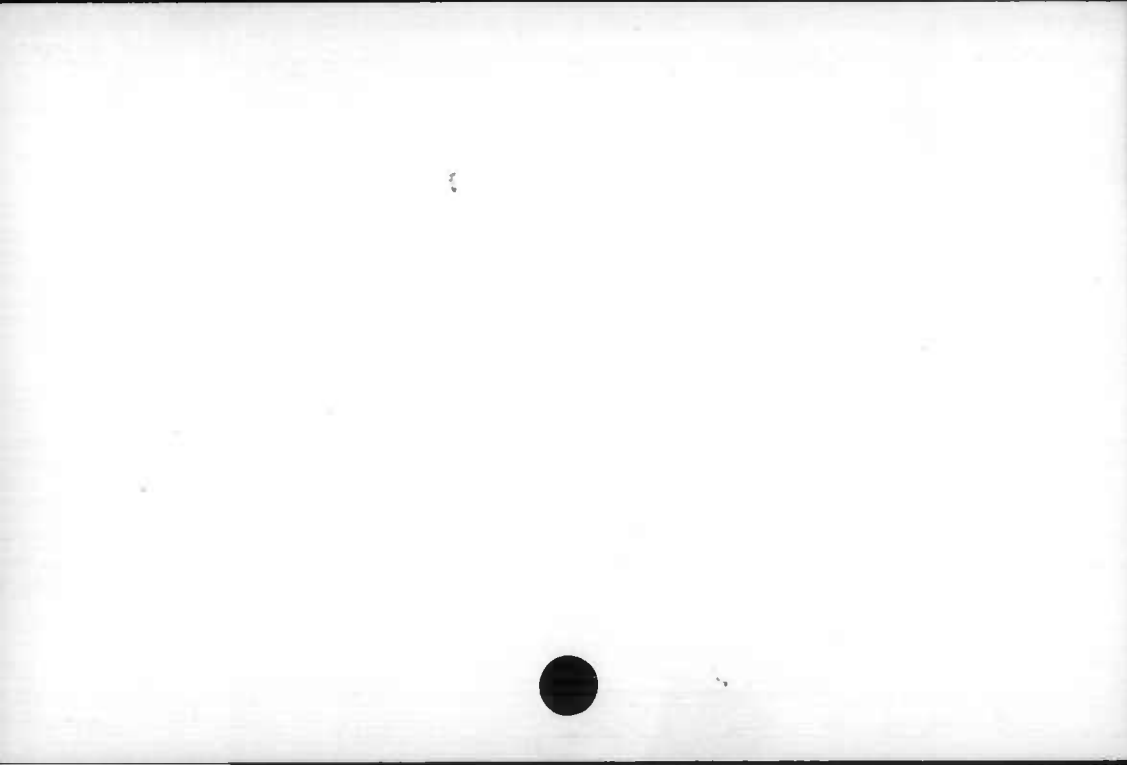
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb.	5	72	5	2	
Sex	Female		Color or Race	White		Birth-place	Smithsburg Md
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	William H. Ridenour			
Father's Name	Joseph Stevenson					Father's Birthplace	Not known
Mother's Maiden Name	Nancy Brown					Mother's Birthplace	Not known
Name of person giving Information	William H. Ridenour					How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage		How long	ten days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Wishard
J		Address		Leitensburg Md
Accident or Suicide				



Name  
in  
Full

*Esther Irene Shank*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Mangonsville Wash.*

MARYLAND

Date of death 1909 *3* *2* Age *—* Months *6* Days *7*

Sex *female* Color or Race *white* Birth-place *md.*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Christian J. Shank*

Father's Birthplace *Penn.*

Mother's Maiden Name *Fanny Carpenter*

Mother's Birthplace *md.*

Name of person giving Information *Christian J. Shank*

How related to deceased

CAUSES OF DEATH

*71*

Primary *Spasms*

How long

Immediate *"*

How long

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *W. R. Miller*

Address *State Line Pa*

Accident or Suicide

PHYSICIAN  
OR CORONER

Ruffs



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Thomas Wheeler* Town *Washington* County *MARYLAND*

Died at *Hagerstown* Month *2* Day *20* Age *1* Years *1* Months *7* Days

Date of death *1909*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James A. Wheeler* Father's Birthplace *Md*

Mother's Maiden Name *Myrtle M. Anderson* Mother's Birthplace *W. Va*

Name of person giving Information *James A. Wheeler* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

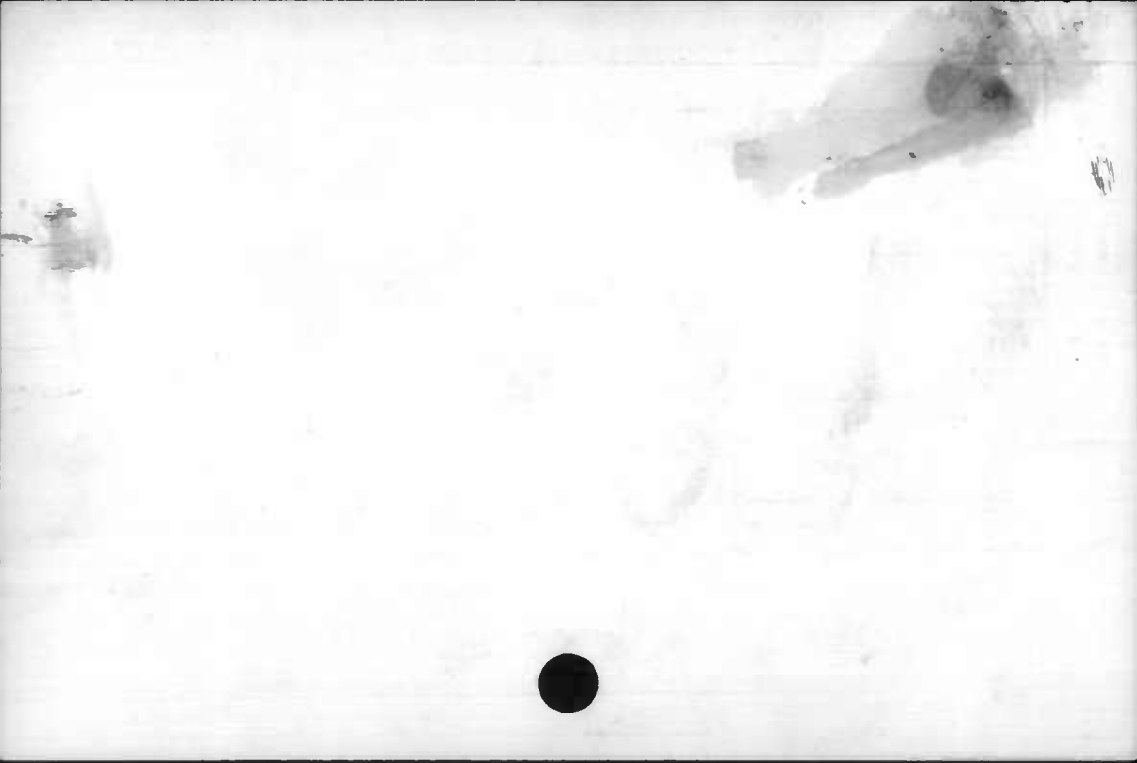
Primary *Pneumonia* How long *2 days.*

Immediate *Syncope* How long *3 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *J. P. Laughlin* Address *Hagerstown.*

*8* Accident or Suicide



Name  
in  
Full

*John H Scheeler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hagerstown* Town *Washington* County **MARYLAND**  
 Date of death 190 *9* Month *2* Day *11* Age *19* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *MD*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

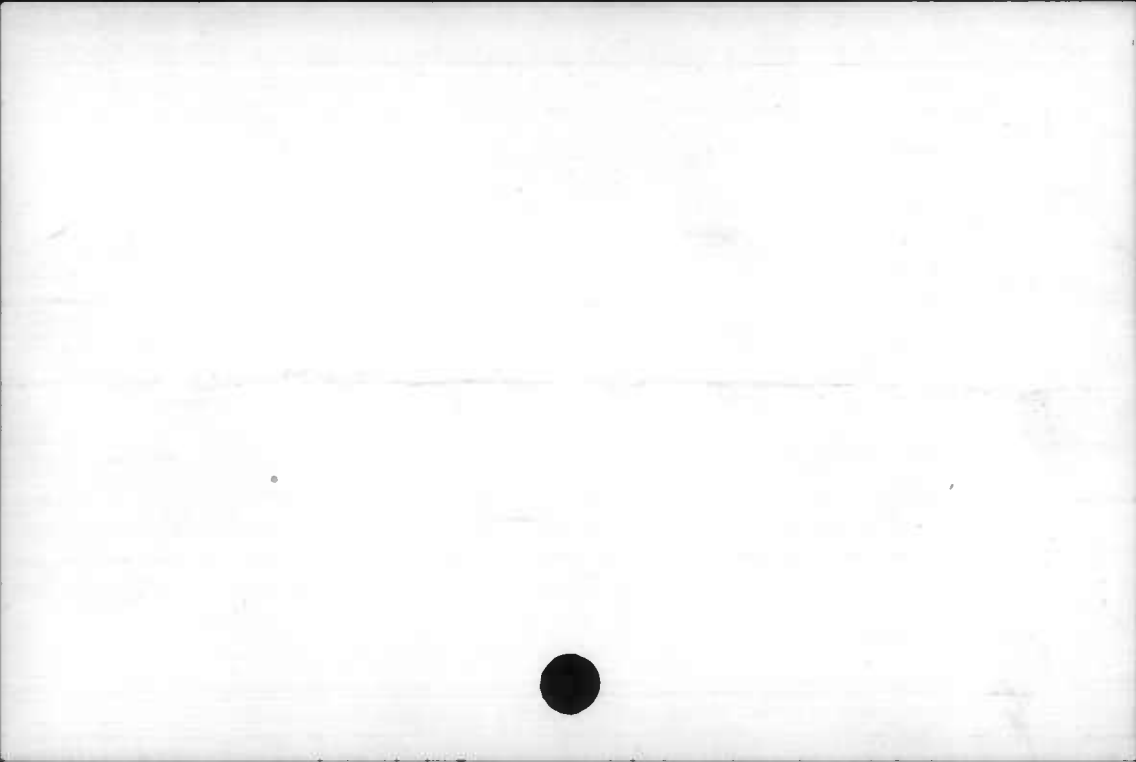
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *John E. Scheeler* Father's Birthplace *MD*  
 Mother's Maiden Name *Mary E. Myers* Mother's Birthplace *Pa*  
 Name of person giving Information \_\_\_\_\_ How related to deceased *Father*

CAUSES OF DEATH

*151*

PHYSICIAN  
OR CORONER

Primary *Mal nutrition -* How long *4 weeks -*  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. L. Stuebel*  
 Address *Hagerstown Md*  
 Accident or Suicide *8*



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

**Roy Husband Shivers**

Town **Hancock** County **Washington** MARYLAND

Died **5** Year **1909** Month **Feb.** Day **9** Age **11** Years Months **8** Days **20**

Date of death

Sex **Male** Color or Race **White** Birth-place **Hancock Md**

Occupation **None** Where Residing if not at place of death **Died at home**

Married, Single or Widowed **Single** Name of Wife or Husband

Father's Name **Peter E. Shivers** Father's Birthplace **Wash. C. Md.**

Mother's Maiden Name **Nannie Younger** Mother's Birthplace **Penna.**

Name of person giving information **Peter E. Shivers** How related to deceased **Father**

**Dr. Shivers**

CAUSES OF DEATH

**118**

PHYSICIAN OR CORONER

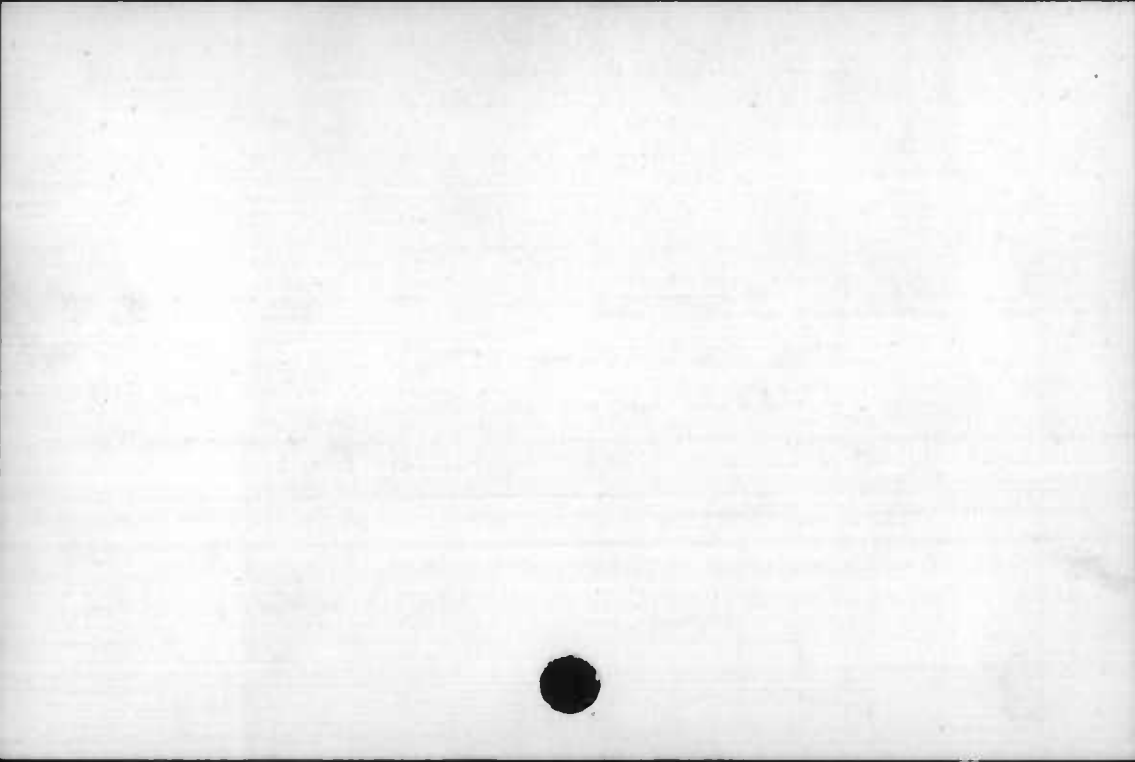
Primary **Appendicitis** How long **5 days**

Immediate **Septicemia** How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician **P. Shivers** Address **Hancock Md.**

Accident or Suicide?



in  
Full

Sarah Marie Shremaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

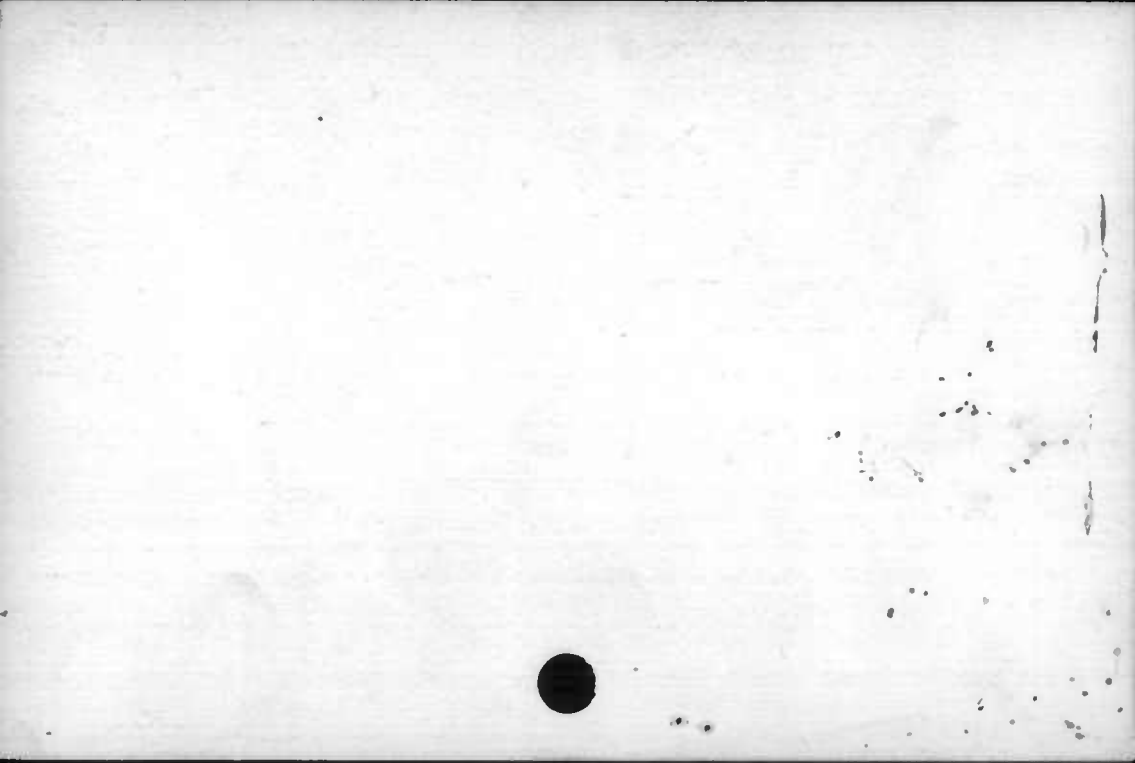
Died at <i>Millsboro Md</i>		Town <i>P. F. O.</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>4th</i>	Age	Years	Months <i>one</i>	Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash. Co Md.</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Calvin Shremaker</i>				Father's Birthplace <i>Wash. Co. Md</i>			
Mother's Maiden Name <i>Sarah M. Cornick</i>				Mother's Birthplace <i>Wash Co Md.</i>			
Name of person giving information <i>Calvin Shremaker</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>Since birth</i>
Immediate <i>Broncho - pneumonia</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. F. Saffington</i>
	Address <i>Mebster Mills Pa.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

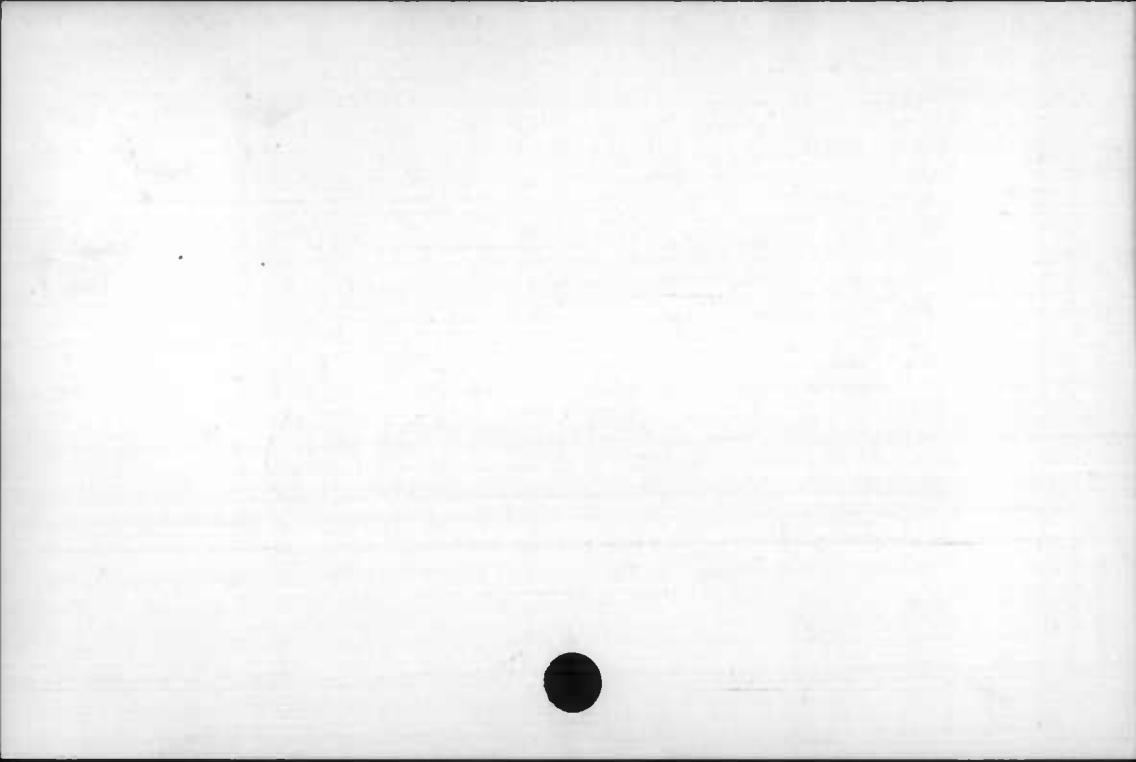
Name in Full <i>Martin Shifer</i>		Town <i>near Fairplay</i>		County <i>Washington</i>		MARYLAND	
Died at <i>near Fairplay</i>		Month <i>2</i>		Day <i>23</i>		Age <i>81</i>	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>23</i>		Age <i>81</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sharpsburg Md.</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clara Shifer</i>					
Father's Name <i>Nathan Shifer</i>		Father's Birthplace <i>Burkittsville Md.</i>					
Mother's Maiden Name <i>Elizabeth Long</i>		Mother's Birthplace <i>Wash. Co. Md.</i>					
Name of person giving information <i>Mrs. Clara Shifer</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Respiratory Tuberculosis</i>	How long <i>6 mos(?)</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. M. Reichard</i>
<i>J</i>	Address <i>Fairplay.</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Smith

Town

County

MARYLAND

Died at

Broom's

Washington

Date

of death

1909

Month

February

Day

23

Age

72

Years

Months

3

Days

23

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland.

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John W. Smith

Father's  
Name

George Stine

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Smith

Mother's  
Birthplace

Maryland

Name of person giving  
Information

John W. Smith

How related  
to deceased

Husband

## CAUSES OF DEATH

42

Primary

Uterine Cancer

How long

2 years.

Immediate

Dropsy &amp; Exhaustion

How long

3 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

J. Hubert Wade, M.D.  
Broom's, Md.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName in Full *Edna Frances Snowden*Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup>

MARYLAND

Date of death *1909* <sup>Month</sup> *2* <sup>Day</sup> *19* <sup>Age</sup> *1* <sup>Years</sup> *5* <sup>Months</sup> *12* <sup>Days</sup>Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
~~or Widowed~~Name of Wife or  
Husband \_\_\_\_\_Father's Name *John Snowden*Father's Birthplace *Ind.*Mother's Maiden Name *Gertrude Hill*Mother's Birthplace *Ind.*Name of person giving information *Gertrude Snowden*How related to deceased *Mother.*

## CAUSES OF DEATH

**167**PHYSICIAN  
OR CORONERPrimary *Scalded on back*How long *One day.*Immediate *Pneumonia*How long *One day.*

Are the name, age, sex, color, date and place correctly given above?

*Yes.*

Signature of Physician

Address

*J. K. Laughlin**Hagerstown*Accident ~~or~~ Suicide? *(over)*

Child fell over backward in tub of hot water and  
wash clothes.

Coffman  
Stallway

Name  
in  
Full

Laura Grace Stumbaugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

State Line 16

County

Washington

MARYLAND

Date

of death 190

Month

4

Day

16

Year

Age

—

Month

3

Days

12

Sex

Female

Color or  
Race

W

Birth-  
place

Paramount

Occupation

Where Residing if not  
at place of death

State Line Pa

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Jacob Stumbaugh

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Ida B Minnick

Mother's  
Birthplace

Winston

Name of person giving  
Information

Joseph Minnick

How related  
to deceased

G. Father

A R Bombaker

## CAUSES OF DEATH

6

Primary

Tuberculosis

How long

3 years

Immediate

Pneumonia

How long

2 years

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

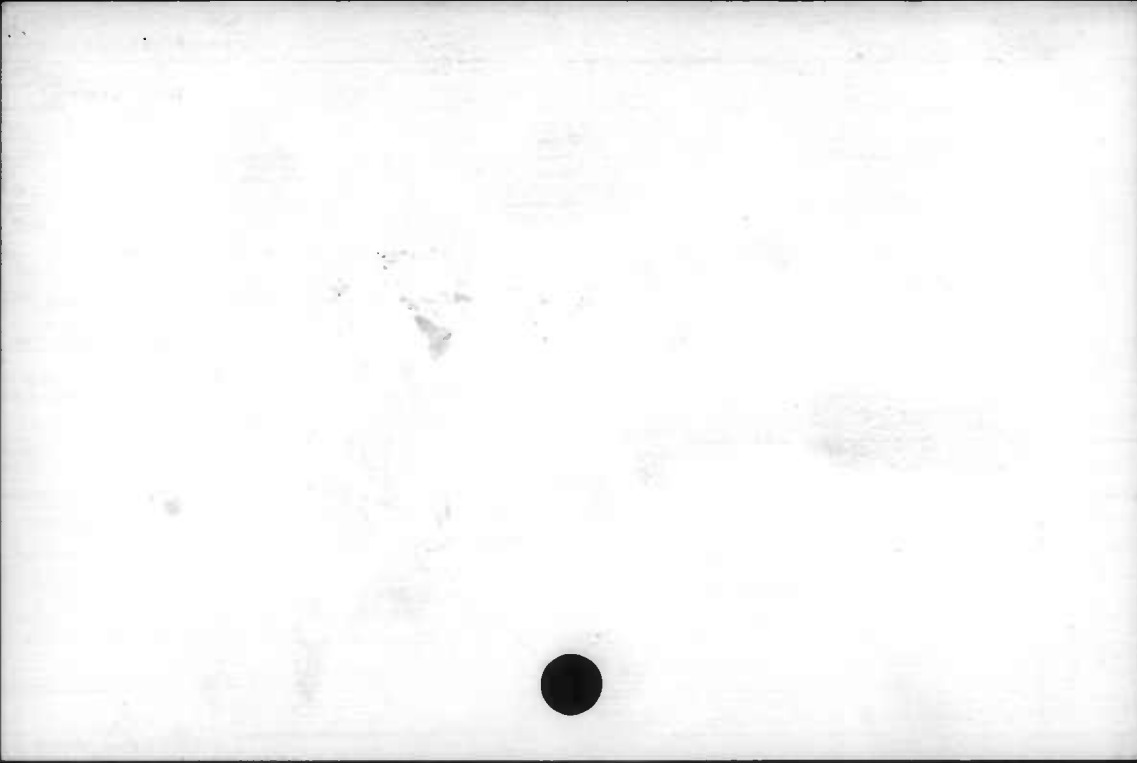
D. C. Williams

Address

Thibault & Nicole  
Pa.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

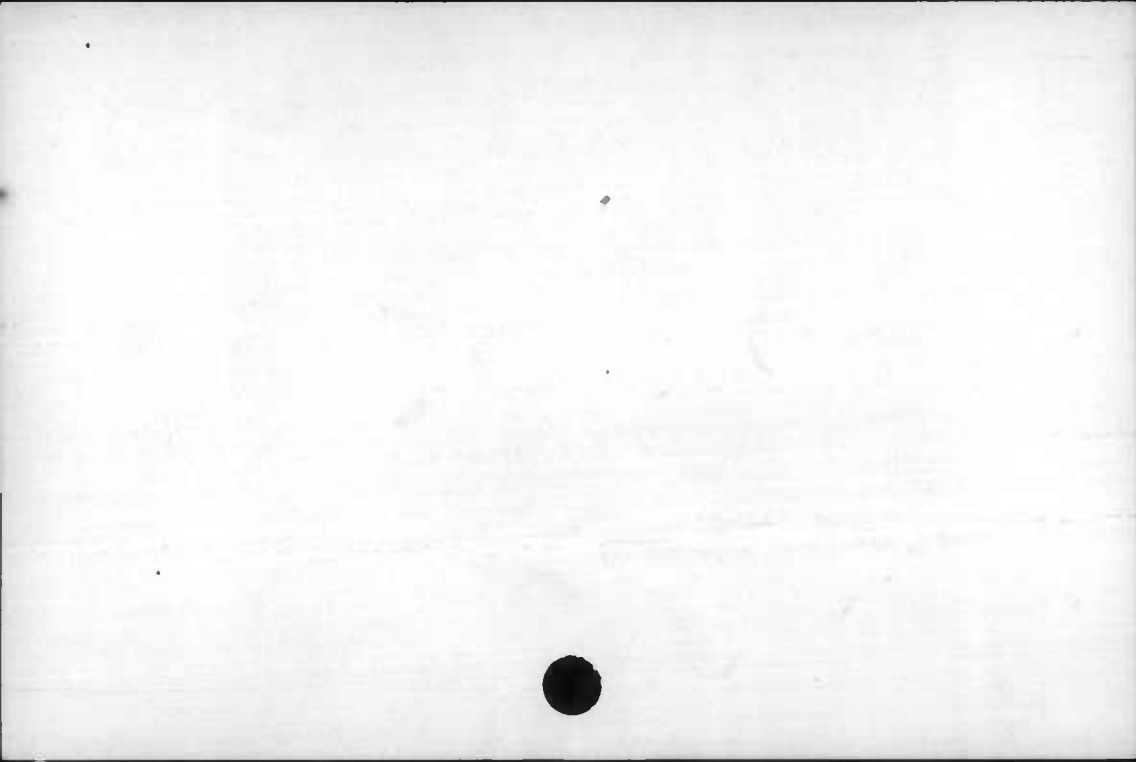
Name in Full <b>Howard Sylvester Swanger</b>		Town <b>Pecktonville</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Pecktonville</b>		Date of death <b>1909 Feb. 24</b>		Age <b>13</b>		Months <b>1</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Pecktonville</b>			
Occupation <b>—</b>				Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>—</b>				Name of Wife or Husband <b>—</b>			
Father's Name <b>George W. Swanger</b>				Father's Birthplace <b>Frederick Md</b>			
Mother's Maiden Name <b>Kate Gladhill</b>				Mother's Birthplace <b>.. ..</b>			
Name of person giving information <b>David Reed</b>				How related to deceased <b>son</b>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>	How long <b>4 days</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Wm. B. Hull Sub. Registrar</b>
	Address <b>Big Pool C Washington Co.</b>
Accident or Suicide?	



Name  
in  
Full

David Albert Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>near</sup> <i>Kendysville</i>		Town <i>Kendysville</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>3</i>		Age <i>77</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>—</i>		Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		Name of person giving information <i>David Calaman</i>		How related to deceased <i>None</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart disease &amp; dropsy</i>		How long <i>Several years</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Howell Gardner</i>	
Accident or Suicide? <i>J</i>		Address <i>Sharpsburg Md.</i>	

LE Samman & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wm Jennings Bryan Traver</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Leitersburg</i>		<i>1909 Feb 16</i>		<i>7</i>		<i>10</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Leitersburg</i>		Days <i>—</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry G. Traver</i>		Father's Birthplace <i>Fredk Co Md</i>					
Mother's Maiden Name <i>Annie G. Mowen</i>		Mother's Birthplace <i>Broadford Md</i>					
Name of person giving information <i>H G. Traver</i>		How related to deceased <i>Father</i>					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary <i>Burned</i>		How long <i>24 hours</i>	
Immediate <i>Spasms</i>		How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>	
Accident or Suicide?		Address <i>Leitersburg</i>	

J. F. Kreps  
Undertaker  
of night m<sup>d</sup>

Interment in Riverside Cemetery

Feb. 18<sup>th</sup> 1909

Name  
in  
Full

## CERTIFICATE OF DEATH

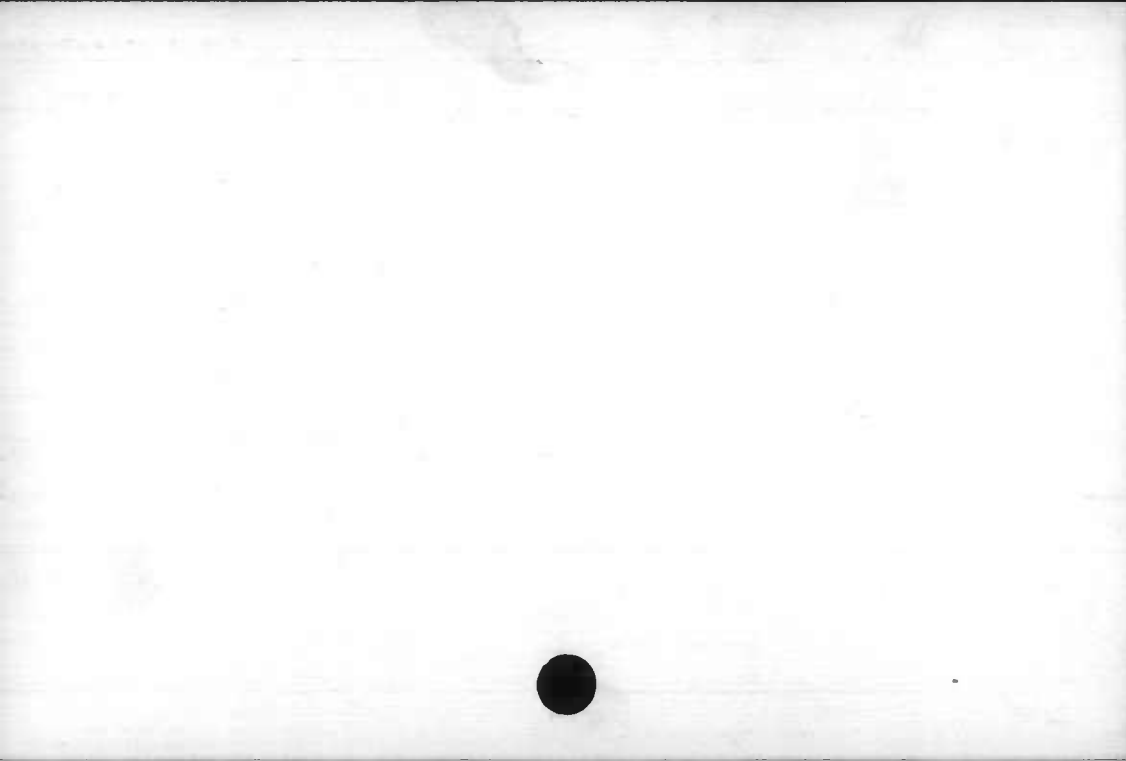
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ringgold</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	<i>2<sup>d</sup></i> <sup>Month</sup>	<i>4<sup>th</sup></i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis William Freichler</i>			Father's Birthplace <i>Sarborn Mo</i>		
Mother's Maiden Name <i>Margaret-Frank Frantz</i>			Mother's Birthplace <i>Washington Co</i>		
Name of person giving Information <i>Margaret-Frank Freichler</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

Primary	<i>Probably cord around the neck</i>	How long <i>8</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. Amberson</i>
		Address <i>Waugreboro Pa.</i>
Accident or Suicide		

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

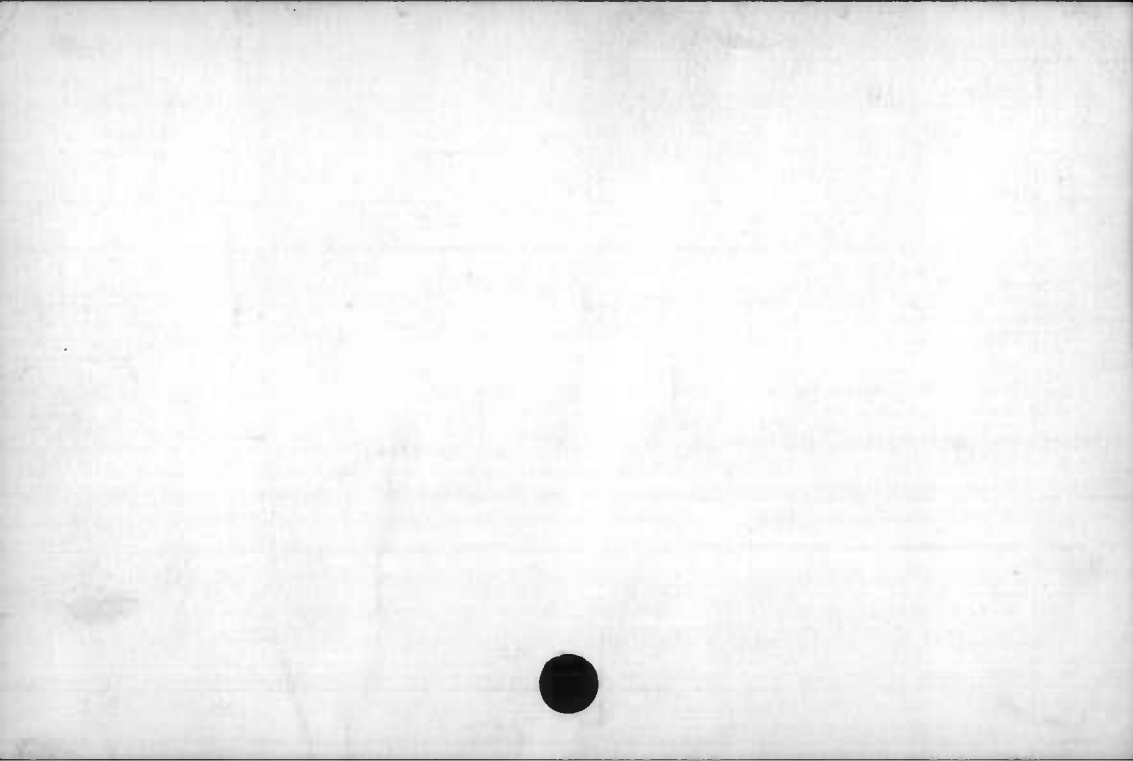
Died at <i>Frankstown</i> <sup>Town</sup>		<i>Wash Co</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>February</i>	Day <i>23</i>	Age <i>65</i> <sup>Years</sup>	<i>24</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frankstown</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Frankstown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Trickett</i>				
Father's Name <i>Henry Trickett</i>	Father's Birthplace				
Mother's Maiden Name <i>Susanna Southw</i>	Mother's Birthplace				
Name of person giving information <i>Colas. M. Trickett</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

Primary <i>Chronic Prostatitis</i>	How long <i>15 years</i>
Immediate <i>Hematuria, and Sepsis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. S. Newcomb</i>
<i>Yes.</i>	Address <i>Frankstown, Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Hagerstown		Washington			
Date of death		1909	Month 2	Day 16	Age 21	Years 4	Months 16
Sex		Female		Color or Race		White	
Occupation				Birth- place		Md	
				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Frank Lammiger		Father's Birthplace	
Mother's Maiden Name				Harriett Kooner		Mother's Birthplace	
Name of person giving Information						How related to deceased	
						Mother	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Coronal Embolism	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. P. Stauffer	
Address		Hagerstown Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George W. Warner

Town County

Died at Near Smithsburg Washington MARYLAND

Date of death 1909 Month 2 Day 25 Age 67 Years Months 11 Days 22

Sex male Color or Race white Birth-place Waynesboro Pa

Occupation Carpenter Where Residing if not at place of death Near Smithsburg

~~Married~~ Single or Widowed Single Name of Wife or Husband

Father's Name George Warner Father's Birthplace Waynesboro Pa

Mother's Maiden Name Annie Bowers Mother's Birthplace Not Known

Name of person giving Information Samuel Warner How related to deceased Brother

## CAUSES OF DEATH

170

PHYSICIAN  
OR CORONER

Primary Due to exposure How long One day

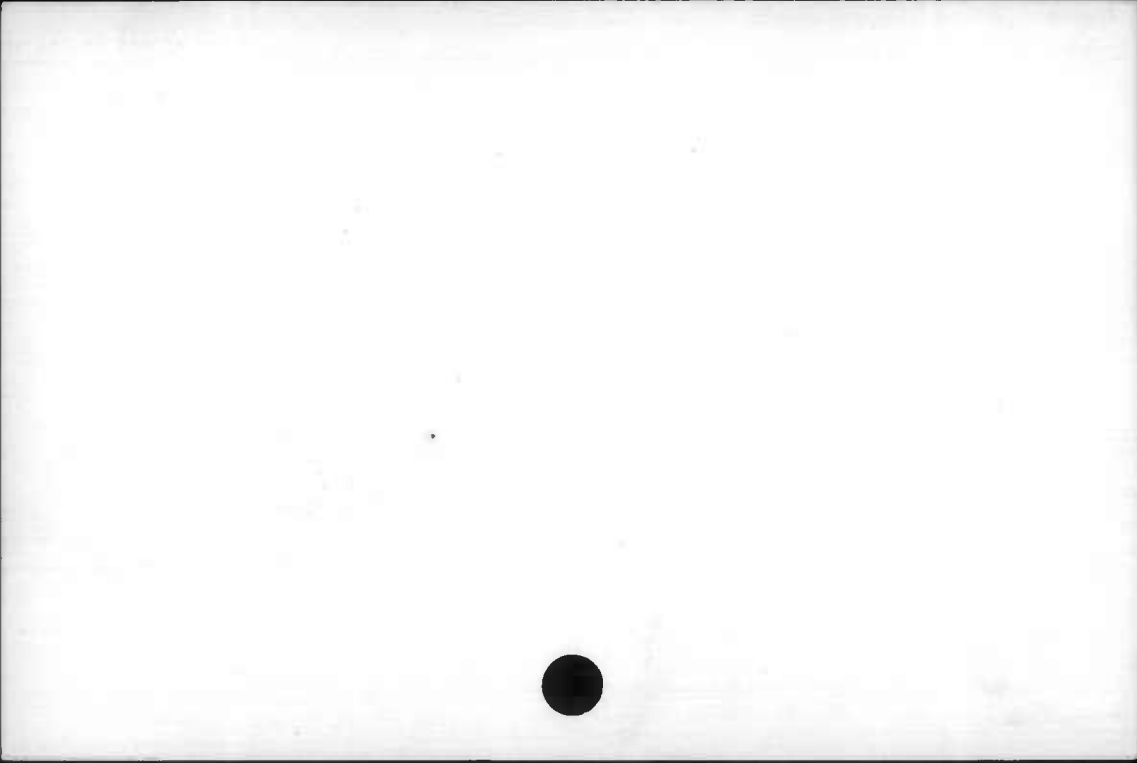
Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Ferguson Sub

Address Reside Smithsburg

Accident or Suicide



Name  
in  
Full

Catharine E. Watson

## CERTIFICATE OF DEATH

Died at

Hagerstown

Town

County

Washington

MARYLAND

Date

of death

1909

Month

2

Day

1

Age

Years

Months

Days

16

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edward Watson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Eves E. Griffiths

Mother's  
Birthplace

Md

Name of person giving  
InformationHow related  
to deceased

Mother

## CAUSES OF DEATH

151

Primary

Jaundice

How long

5 days

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

S W Hurst

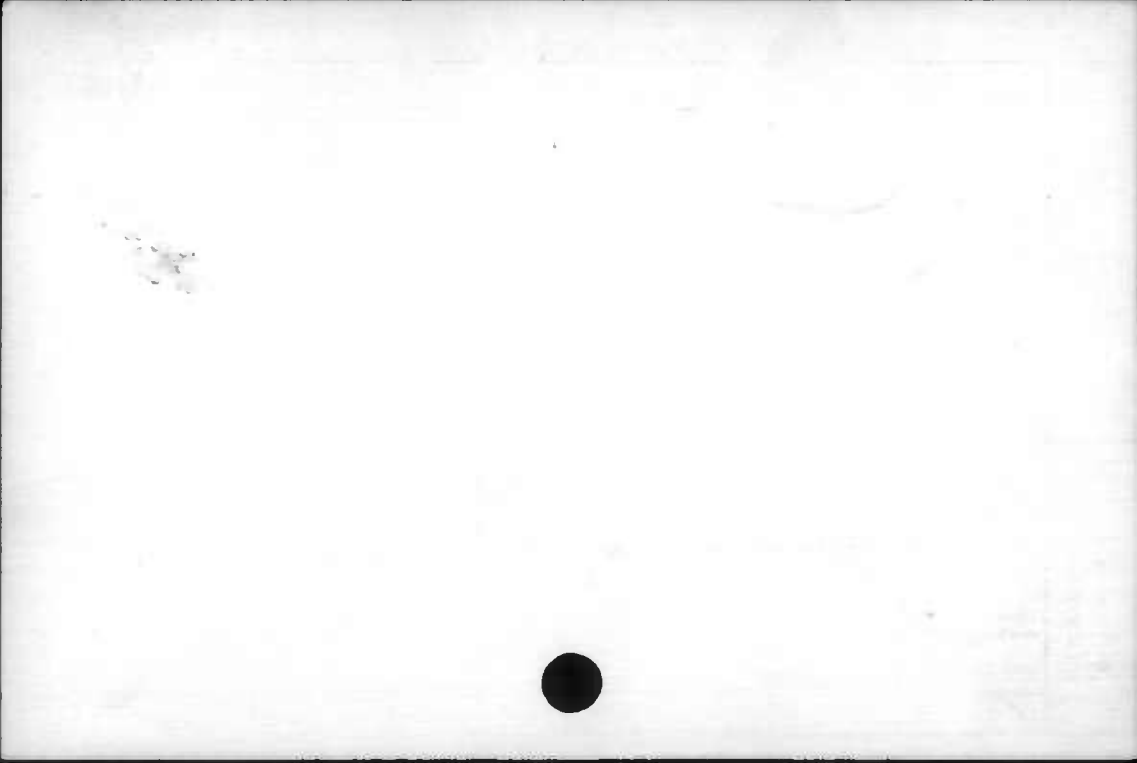
Address

Hagerstown  
Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

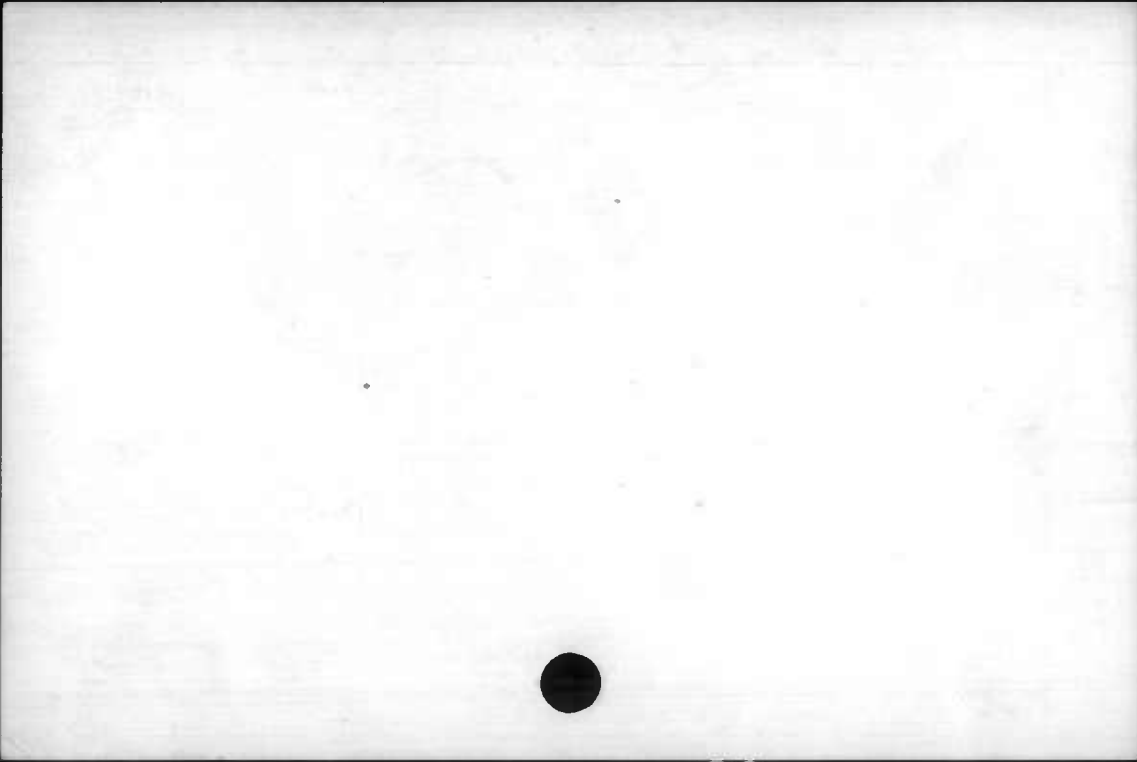
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>3</i>	Day <i>25</i>	Age <i>30</i>	Months <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>Stenographer</i>	Where Residing if not at place of death <i>Balto. Md.</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Charles West</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Sarah J. Hawbecker</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Mrs. Chas. West</i>	How related to deceased <i>mother.</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Oliver Ragani</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide	<i>No</i>		



Name  
in  
Full

Mrs. Julia A White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1909		Month		Day		Years	
Date of death		2		9		Age	
Sex		Color or Race		Birth-place		Days	
Female		white		Dist of Col.		—	
Occupation		Where Residing if not at place of death		—		—	
H. W.		Daniel White Jr.		—		—	
Married, Single or Widowed		Name of Husband		Father's Birthplace		Mother's Birthplace	
widow		Daniel White Jr.		N. Y.		Va.	
Father's Name		Mother's Maiden Name		How related to deceased		—	
Ressler Bassett		Eliza Ann Cranwell		daughter		—	
Name of person giving Information		Mrs Ezra Musey		—		—	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary		How long	
Hemiplegia		3 weeks	
Immediate		How long	
Exhaustion		—	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Theo. Bassett	
Address		Wagertown	
Accident or Suicide		—	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles B. Wolfinger</i>								Town <i>Leitersburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at		Month <i>Feb.</i>		Day <i>27</i>		Years <i>60</i>		Months <i>7</i>		Days <i>5</i>			
Date of death		<i>1909</i>		Age		<i>60</i>		Birthplace		<i>Leitersburg, Md.</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Occupation <i>Retired</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Alice Wolfinger</i>											
Father's Name <i>Jacob Wolfinger</i>		Father's Birthplace <i>Leitersburg, Md.</i>											
Mother's Maiden Name <i>Nancy Lahn</i>		Mother's Birthplace <i>Leitersburg, Md.</i>											
Name of person giving Information <i>Alide Wolfinger</i>		How related to deceased <i>Wife</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>		How long <i>one week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>	
<i>J</i>		Address <i>Leitersburg Md.</i>	
Accident or Suicide			

